1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06166

6177

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Fort George G. Meade

LENGTH OF STAY (in this place): 4 1/2 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Pennsylvania — COUNTY: Lycoming

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Montgomery 75 x 3

STREET ADDRESS (If rural give location): 32 W. Houston Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) EMERSON (Last) BANGHART

4. DATE OF DEATH: (Month) July (Day) 9 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Single	9 July 1955	yrs.		10 / 24

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Emerson Banghart	Dawn Grace St. James

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	None	None	Father, William Emerson Banghart Hq. Co. 2101 ASU, Fort G.G. Meade, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 IMMEDIATE CAUSE (A) Respiratory Failure - Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs. 24 Min.

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Prematurity

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 July, 19 55, to 9 July, 19 55, that I last saw the deceased alive on 9 July, 19 55, and that death occurred at 1645 M, from the causes and on the date stated above.

SIGNATURE ALFRED E. NEALE, CAPT., MC — M.D. — **ADDRESS** (Street, city, town, state) Fort G.G. Meade, Md. — **DATE SIGNED** 9 July 1955

Alfred E. Neale

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12 July 1955	Post Cemetery	Fort G.G. Meade, Maryland

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
11 July 1955	W.L. SAILOR, 1ST LT MSC	Chaplain White	Fort G.G. Meade, Md.

2075221312

45-55 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06167

6173 CERTIFICATE OF DEATH Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Glen Burnie
LENGTH OF STAY (in this place) 7 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 309 Furnace Branch Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto. city
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V01-4
STREET ADDRESS (If rural give location) 2029 E. Lanvale St. ✓

3. NAME OF DECEASED: (Type or Print) (First) HERMAN (Middle) (none) (Last) BARRY

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: Sept. 16, 1885

9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Gas & Elect. Co.

11. BIRTHPLACE (State or foreign country): Chicago, Ill.

12. CITIZEN OF WHAT COUNTRY? Yes - USA

13. FATHER'S NAME: John Barry (dec.)

14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes ✓ (If Yes, give war or dates of service) 1905-1909

16. SOCIAL SECURITY No.: 212-05-7362

17. INFORMANT & ADDRESS: Mrs Claudia Barry (wife) 309 Furnace Branch Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1637
Immediate cause (a) Terminal pneumonia — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Cancer of lung — 2 yrs

DUE TO

(c) Chronic bronchitis — 20 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis, arthritis — 20 yrs

19a. DATE OF OPERATION: 0 none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 22, 1955, to Present, 19..., that I last saw the deceased alive on July 14, 1955, and that death occurred at 7:45 A.M.; from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. F. Manuzak M.D. 901 Edgerly Rd., Glen Burnie, Md. July 28, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF July 30, 1955

NAME OF CEMETERY OR CREMATORY Glen Haven Memorial Park

LOCATION (City, Town, or county) (State) Glen Burnie, AA Co., Md.

DATE REC'D BY LOCAL REGISTRAR July 28, 1955

REGISTRAR'S SIGNATURE L. J. D'Alba

24. FUNERAL DIRECTOR ADDRESS Hopping and Kirkley, Glen Burnie, Md.

28

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06168

6173

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 10 7

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 51 U. S. Naval Hospital Annapolis, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Shady Oaks

STREET ADDRESS (If rural give location): X 1

3. NAME OF DECEASED (Type or Print): (First) Baby Girl (Middle) (Last) BERWICK

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
F	White	Single	July 3, 1955	yrs.		2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	US

13. FATHER'S NAME: Alexander (n) BERWICK

14. MOTHER'S MAIDEN NAME: Elizabeth May Player

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		none	Father: U.S. Naval Hospital Annapolis, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.5 IMMEDIATE CAUSE (A) Prematurity due to premature separation of — INTERVAL BETWEEN ONSET AND DEATH: 761.5

ANTECEDENT CAUSE(S) DUE TO (B) Placenta

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, ferm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-3, 19 55, to 7-3, 19 55, that I last saw the deceased alive on 7-3, 19 55, and that death occurred at 0125a M, from the causes and on the date stated above.

SIGNATURE E.R. PETERS LT MC USN — M.D. — ADDRESS (Street, city, town, state) U.S.Naval Hospital — DATE SIGNED 7-6-66

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	7/6/55	NAVAL ACADEMY	ANNAPOLIS MD.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
July 6, 1955	[signature]	JOHN M TAYLOR	ANNAPOLIS MD.

20 75 32-3281

06169

MARYLAND STATE DEPARTMENT OF HEALTH

6180

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel Co MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Harmans — LENGTH OF STAY (in this place)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Harmans
HOSPITAL OR INSTITUTION OR STREET ADDRESS Perry Road	STREET ADDRESS (If rural, give location) Perry Road
3. NAME OF DECEASED (Type or Print) (First) Sallie (Middle) M. (Last) Blue	4. DATE OF DEATH (Month) July (Day) 5 (Year) 19 55
5. SEX F — 6. COLOR OR RACE Col. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 1, 1867 — 9. AGE last birthday 87 yrs.
10a. USUAL OCCUPATION House wife — 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Cameron N.C. — 12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME ?	14. MOTHER'S MAIDEN NAME Bettie Nailer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY No. —	17. INFORMANT AND ADDRESS Cecile Harrington - Harmans Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
332 Immediate cause	(a) Cerebral Infarct	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	2 years
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	— —	

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1-55, 19..., to July 5, 1955, that I last saw the deceased alive on July 3, 1955, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE Joseph Lipskey (Degree or title) MD ADDRESS Odenton Md DATE SIGNED 7-7-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 8, 1955	Mt. Auburn Cem.	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-8-55	D.W. Hedrick	Mrs Katie R Williams	322 N Schroeder St

VS. A15

INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6181

06170

CERTIFICATE OF DEATH

Long Point - R.F.D # Crownsville Md Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY Anne Arundel MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X

LENGTH OF STAY (In this place) D. O. A.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville, Washington D.C. 47X3

STREET ADDRESS (If rural give location) Long Point R.F.D #1 200 R. I. Ave. N.E.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) M. (Last) Boardman

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	W.	Married	July 14. 1888	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk War Prisoner Bureau	U.S. Gov	Washington D. C.	U. S. A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
	578-16-8912	Alfred F. Yates 200-R. I. Ave. N.E. Washington D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 7/29, 19 55., that I last saw the deceased alive on 7/29, 19 55 and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS (Street, city, town, state) Annapolis Md DATE SIGNED 7/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial Removal	7-29-55	Rock Creek Cemetery	Washington, D.C.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
8-3-1955	[signature]	The S. H. Hines Co. 2901-14th St. NW Washington D.C.

1

Item 8 & 9! Film 93185 8/12/55-Dmy

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06171

6159 **CERTIFICATE OF DEATH**

Item 4, Film G184 7-27-55 et

Reg. Dist. No. ....

1. PLACE OF DEATH COUNTY A.A MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 ANNAPOLIS LENGTH OF STAY (In this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS 63 ANNE ARUNDEL GENERAL	2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND COUNTY A.A. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ANNAPOLIS 10 STREET ADDRESS (If rural give location) 23 FRANCIS St. 1
3. NAME OF DECEASED (Type or Print) (First) EFFIE (Middle) (Last) BOUNELIS	4. DATE OF DEATH (Month) (Day) (Year) July 20, 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
F	W	Widow	NOV. 30, ~~1902~~ 1905	~~53~~ 49 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	OWN HOME	TURKEY	USA

13. FATHER'S NAME: ANGEL KOSMIDES

14. MOTHER'S MAIDEN NAME: ATHENA KARIDES

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: ANGEL BOUNELIS #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
174X IMMEDIATE CAUSE	(A)	Cachexia –	2 MOS.
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	CARCINOMA UTERUS, EXTENSIVE	
	DUE TO (C)	+ METASTATIC	5-6 MOS
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		FECAL FISTULAE, VAGINA, ABDOMINAL WALL	2 MOS

19a. DATE OF OPERATION: 4/18/55

19b. MAJOR FINDINGS OF OPERATION: ADVANCED EPIDERMOID CARCINOMA, UTERUS

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ☐ WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1955, to July 20, 1955, that I last saw the deceased alive on 7/20, 1955, and that death occurred at 6:45 P.M, from the causes and on the date stated above.

SIGNATURE: [signature] M.D. ADDRESS (Street, city, town, state): 69 Franklin - Annapolis DATE SIGNED: 7/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	7/22/55	St. MARGARETS	St. MARGARETS	Md.

24. REC'D BY REGISTRAR DATE 7/22/55 REGISTRAR'S SIGNATURE [signature]

25. FUNERAL DIRECTOR'S SIGNATURE: John M. Taylor, Sons ADDRESS: Annapolis, Md.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

6182

06172

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Crownsville
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Old River Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Crownsville Box 438 B X
STREET ADDRESS (If rural, give location) Old River Rd. /

3. NAME OF DECEASED: (Type or Print) (First) RAY (Middle) ELSWORTH (Last) BRICE

4. DATE OF DEATH (Month) JULY (Day) 10 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 24, 1955

9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR Months 1 Days 16 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Elsworth Brice

14. MOTHER'S MAIDEN NAME: Irene B. Aughinbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) --- (If Yes, give war or dates of service) -- - -

16. SOCIAL SECURITY NO.: - - - - -

17. INFORMANT & ADDRESS: Mr Charles E. Brice- Father- same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

491X

Immediate cause (a) Asperation Pneumonia — Interval between onset and death: sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) Crownsville (County) Anne Arundel (State) Maryland

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY July 10,55 a M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? Natural Causes

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Elmer G. Linhardt M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED July 10,1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF July 11,55

NAME OF CEMETERY OR CREMATORY Cedar Bluff Cemetery

LOCATION (City, town, or county) Annapolis, Maryland (State)

DATE REC'D BY LOCAL REG. 11-12-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Ben L. Hopping and Son ADDRESS Annapolis, Md.

2055351395

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6183

CERTIFICATE OF DEATH

06173

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crownsville

LENGTH OF STAY (in this place): 6 mos. 19 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Montgomery

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rockville

15-26-2

STREET ADDRESS (If rural give location): Box 167

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (Last) Brightful

4. DATE OF DEATH: (Month) 7 (Day) 1 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Negro	Sep.	Unknown	Over 70 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Helper in Nursery	Nursery	Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Brightful	Lizzie Brightful

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Unk.	Unk.	218-30-4062	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A): Decompensatory heart failure — Since adm. 1/12/55

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B): Arteriosclerotic cardiovascular disease — Years

DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2		YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/12, 19 55, to 7/1, 19 55, that I last saw the deceased alive on 7/1, 19 55, and that death occurred at 7:10a M, from the causes and on the date stated above.

SIGNATURE: (L. Benedict) M.D.

ADDRESS (Street, city, town, state): Crownsville, Md.

DATE SIGNED: 7/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/4/55	Church Cemetery	Union Bridge Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
7-1-55	K. M. [illegible]	R. L. Snowden, Rockville, Md

1

INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

6160

06174

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY Anne Arundel MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 Annapolis

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 110 W. Washington St.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY A. A.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 10

STREET ADDRESS (If rural give location) 110 W. Washington St

3. NAME OF DECEASED (Type or Print) First: Baby (Middle): (Last): Brown

4. DATE OF DEATH (Month) 7 (Day) 14 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Col.	M.	7-8-1955	yrs.		2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Annapolis, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alvin Brown

14. MOTHER'S MAIDEN NAME Carrie M. Savoy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS Carrie M Savoy - Annapolis

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7544 IMMEDIATE CAUSE (A) Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 9 days

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, ferm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/8/, 1955, to 7/14/, 1955, that I last saw the deceased alive on 7/14, 1955 and that death occurred at 9:00 A.M., from the causes and on the date stated above.

SIGNATURE Theodore H. Johnson M.D. ADDRESS (Street, city, town, state) 3 Gilbert St, Annapolis, Md DATE SIGNED 7/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-16-55	St. Anns	Annapolis, Md.

24. REC'D BY REGISTRAR DATE July 15

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE William Reese, II ADDRESS Annapolis, Md

10 75172382

BUREAU V. S.

JUL 18 1955

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS-15C 1-55 10M

06175

MARYLAND STATE DEPARTMENT OF HEALTH--BALTIMORE, 18

6161

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY AA — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 Annapolis

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 63 Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY AA

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edgewater PO

STREET ADDRESS (If rural give location) Mayo, Md.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Margeret Rosella Bull

4. DATE OF DEATH (Month) (Day) (Year) July 25 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
F	W	Widow	October 19, 1865	89 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	own Home	Shadyside, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Popham	Priscilla Westerman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
—	—	—	Mrs Harvey Cummings, Mayo, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

904.9 IMMEDIATE CAUSE (A) Senility — INTERVAL BETWEEN ONSET AND DEATH: 2-3 mos

ANTECEDENT CAUSE(S) DUE TO (B) Fracture, hip left — 4 dys

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Cardiac failure — 1 dy

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Dehydration — ?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7-22-55	Simple intertrochanteric fracture	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home) farm, factory, OF INJURY street, office bldg., etc.	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
		Anne Arundel Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
		Fell in home

22. I hereby certify that I attended the deceased from July 21, 1955, to July 25, 1955, that I last saw the deceased alive on July 24, 1955, and that death occurred at 2:40 A.M, from the causes and on the date stated above.

SIGNATURE Harold A. Goldman M.D. — ADDRESS (Street, city, town, state) 916 Cathedral St — DATE SIGNED July 26, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 27, 1955	Mayo Memorial Church	Mayo, Edgewater PO, Md.

24. RECD. BY REGISTRAR — DATE 7-26-55 — REGISTRAR'S SIGNATURE O. Frank

25. FUNERAL DIRECTOR'S SIGNATURE James L. Hinkley — ADDRESS Hopping Funeral Home, Annapolis, Md.

1

INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06176

6184

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort George G. Meade

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 U. S. Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01.4

STREET ADDRESS (If rural give location) 3908 Beach Avenue ✓

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) Windon (Last) BURKE

4. DATE OF DEATH (Month) July (Day) 23 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	April 3, 1889	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	None	Texas	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Burke	Nellie - Henricks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	Unknown	460-01-8258	Wife Mrs. Josephine Burke, 3908 Beach Ave, [illegible] Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE(S) DUE TO (B) Myocardial infarction.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 July, 1955, to 23 July, 1955, that I last saw the deceased alive on 23 July, 1955, and that death occurred at 6:35 AM, from the causes and on the date stated above.

SIGNATURE Herbert L. Needleman 1Lt MC M.D. — ADDRESS (Street, city, town, state) HERBERT L NEEDLEMAN, 1st Lt, MC Fort George G. Meade, Md. — DATE SIGNED 23 July 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-26-55	Arlington Cemetery	Arlington Virginia

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 23 July 1955	WILLIAM L. SAYLOR, 1ST LT MSC	WILLIAM COOK * BLIGHT INC	BLIGHT, Baltimore, Md

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INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH--BALTIMORE, 18

06177

6185

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH

COUNTY Anne Arundel MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Severna Park

LENGTH OF STAY (in this place) 4 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Cypress Creek

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MD COUNTY A. A.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Severna Park

STREET ADDRESS (If rural give location) Cypress Creek R R 2

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Franklin (Last) Christopher

4. DATE OF DEATH (Month) July (Day) 20 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W.		Feb. 7, 1921	34 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver	Fuel oil	Penna.	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert E. Christopher	Cora Foor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
YES	1943-43.	173-14-3191	wife Cypress Creek R R 2 Severna Park.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B): Myocardial Infarction

DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 July, 19 55, to 20 July, 19 55, that I last saw the deceased alive on July 20, 19 55; and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE R Holmes M.D. **ADDRESS** (Street, city, town, state) Severna Park Md **DATE SIGNED** 20 July 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	July 23, 55	FORT LINCOLN	BLADENSBURG MD

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
July 23, 1955	J. J. D'Alba	Dougherty	Glen Burnie Md

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06178

6183

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH

COUNTY Anne Arundel MARYLAND

CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Sudley West River P.O. | LENGTH OF STAY (in this place) 40 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE ~~Md~~ Md. COUNTY A. A.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sudley West River P.O.

STREET ADDRESS (If rural give location) X 1

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Clyde (Last) Collinson

4. DATE OF DEATH (Month) July (Day) 14 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	Married	June 13 1893	62 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Tobacco	Deale, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas W Collinson	Berenice Franklin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	no	—	Francis Bagby Collinson West River Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X IMMEDIATE CAUSE (A) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Insuition — one month

DUE TO (C) Adenocarcinoma of Rectum — 2 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Oct 54 May 55	Carcinoma of rectum	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 19 55, to July 19 55, that I last saw the deceased alive on 13 July 19 55, and that death occurred at 3:15 P.M, from the causes and on the date stated above.

SIGNATURE J. D. Hendrickson M.D. ADDRESS (Street, city, town, state) Shady Side, Maryland DATE SIGNED 7-14-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/16/55	Friendship	Friendship, Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
7/14/55	Edwin Wash Williams	T. A. Hardesty & Son Galesville Md

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06179

6162

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 Annapolis

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North Severn X

STREET ADDRESS (If rural give location) 34 Eucalyptus Rd. 1

3. NAME OF DECEASED (Type or Print) (First) Baby Boy (Middle) (Last) COX

4. DATE OF DEATH (Month) July (Day) 17 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	Cau		7-17-55	yrs.			2	12

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md	US

13. FATHER'S NAME: Roy E COX

14. MOTHER'S MAIDEN NAME: Grace Julia PATOSKEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		USNH Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X IMMEDIATE CAUSE (A) Immaturity due to Premature Labor — INTERVAL BETWEEN ONSET AND DEATH: 776

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-17, 19 55, to 7-17-, 19 55, that I last saw the deceased alive on 7-17, 19 55, and that death occurred at 3:17 A.M., from the causes and on the date stated above.

SIGNATURE: J.C. Hodges

J.C. HODGES LCDR MC USN — ADDRESS (Street, city, town, state) M.D. U.S. Naval Hospital, Annapolis, Md. — DATE SIGNED 7-17-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-19-55	Naval Academy	Annapolis, Maryland

24. REC'D BY REGISTRAR DATE 7-19-55	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
		John M. Taylor & Sons	Annapolis Md.

20752762201

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06180

6163

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 63 Anne Arundel Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3 V 01-4
STREET ADDRESS (If rural give location) 718 Lyndhurst St. √

3. NAME OF DECEASED: (First) ESTELLA (Middle) R. (Last) DASHIELL

4. DATE OF DEATH: (Month) July (Day) 21, (Year) 19 55

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed
8. DATE OF BIRTH: Jan. 28, 1874
9. AGE last birthday 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. Bowen
14. MOTHER'S MAIDEN NAME: Mollie Wilhelm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT & ADDRESS: Mrs. Charles Eackeles-718 Lyndhurst St.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE 4221	(A) Cerebral hemorrhage	8 days
ANTECEDENT CAUSE (S) DUE TO	(B) Arteriosclerotic C. V. disease	yrs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (260 X) DUE TO	(C) d	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Diabetes Mellitus	?

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/13, 1955 to 7/21, 1955 that I last saw the deceased alive on 7/20, 1955, and that death occurred at ..... M, from the causes and on the date stated above.
SIGNATURE Maurice F. Klaware, M. D. ADDRESS Annapolis, Md DATE SIGNED 7/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/23/55
NAME OF CEMETERY OR CREMATORY Lorraine Cem.
LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR 7/22/55
REGISTRAR'S SIGNATURE C. W. Hedrick
24. FUNERAL DIRECTOR ADDRESS Wm. J. Tichenor & Sons. North & Pa. Aves Balto 17 Md

6187

06181

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

Items 18x22 Film G185 9-1-55 ems

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Severna Park
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Anne Arundel
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Crownsville
STREET ADDRESS (If rural, give location): Waterbury, P.O.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) EDWARD (Last) DIGGS

4. DATE OF DEATH (Month) 7 (Day) 8 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8/7/35

9. AGE last birthday: 19 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Waterbury, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Diggs

14. MOTHER'S MAIDEN NAME: Gertrude Pauline Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: David Diggs, (father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

936.9
Immediate cause (a) Traumatic injuries of abdomen — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) AA (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? No indication of any beating

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Presumably Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE William V. Scott M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7/8/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, Town, or county) (State)
Burial	7-10-55	John Wesley	Waterbury, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 12, 1955	L. J. D'Alba	William Reese, II	108 St. Mary's Pl. Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6188

CERTIFICATE OF DEATH

Reg. Dist. No. 06182

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glendale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glendale
STREET ADDRESS (If rural give location) 212 Williams Rd

3. NAME OF DECEASED: (Type or Print) (First) Magdalene (Middle) (Last) Drobisch

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1955

5. SEX: Femal | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed | 8. DATE OF BIRTH: July 9, 1880 | 9. AGE last birthday 75 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework | 10B. KIND OF BUSINESS OR INDUSTRY: at home | 11. BIRTHPLACE (State or foreign country): Balto | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Brodt | 14. MOTHER'S MAIDEN NAME: Dont Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. no | 17. INFORMANT & ADDRESS: Irwin E. Drobisch 212 William Rd

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

DUE TO

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriosclerotic Cardio-Vascular Disease.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950, to July 22, 1955, that I last saw the deceased alive on July 22, 1955, and that death occurred at 11:40P M, from the causes and on the date stated above.

SIGNATURE Bobby L. Jones M.D. ADDRESS Glen Burnie DATE SIGNED 7/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF July 26 1955 | NAME OF CEMETERY OR CREMATORY Glen | LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REGISTRAR 7-25-55 | REGISTRAR'S SIGNATURE Vic Hedrick | 24. FUNERAL DIRECTOR A. Hollis Evans | ADDRESS 1400 E. Baltimore St

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

06183

6189 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie
LENGTH OF STAY (In this place): 4½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Oakwood Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie
STREET ADDRESS (If rural, give location): 7 Oakwood Rd.

3. NAME OF DECEASED (Type or Print): (First) Hilleard (Middle) Marion (Last) Ebberts, SR.

4. DATE OF DEATH: (Month) July 4 (Day) (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	White	Married	9/24/91	63 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist - Shipbuilding		Baltimore Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Ebberts	Clementine Schaffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	216-09-0657	Mrs Sylvia Ebbert (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Occlusion — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Clinton H Parker M.D.	Deputy Medical Examiner	Glen Burnie, Md.	7/4/55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 7, 1955	Glen Haven Memorial Park	Glen Burnie, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 6, 1955	L. J. D'Alba	Hopping and Kirkley,	Glen Burnie, Md.

06184

MARYLAND STATE DEPARTMENT OF HEALTH

6190

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 3 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Green Haven, Pasadena
LENGTH OF STAY (In this place): 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Stoney Creek

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 342 S. Calhoun St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) F. (Last) Eichner

4. DATE OF DEATH: (Month) July (Day) 23rd. (Year) 1955

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: 6/3/19

9. AGE last birthday: 36 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mason

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ? Balto Mde

12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: Matthew Eichner

14. MOTHER'S MAIDEN NAME: ? Louise Phalzar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Navy

16. SOCIAL SECURITY NO.:

17. INFORMANT: Harriett and Peggy Eichner (daughters)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.8

Immediate cause (a) Accidental Drowning — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Stoney Creek
(CITY OR TOWN): Green Haven (COUNTY): A.A. (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 7/23/55 5 P. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Drowning

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Gustave A. Faulkenberg (Degree or title): Deputy Medical Examiner ADDRESS: Glen Burnie, Md. DATE SIGNED: 7/24/55

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial DATE THEREOF: 7/29/55 NAME OF CEMETERY OR CREMATORY: W. S. National LOCATION (City, town, or county) (State): Balto Md.

DATE REC'D BY LOCAL REG.: 7-25-55 REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Robt. C. & B. M. Walters ADDRESS: Pratt & Stricker St. Balto Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06185

CERTIFICATE OF DEATH

6164

Reg. Dist. No. 21

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A-15 1-55 10M

1. PLACE OF DEATH

COUNTY A A — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ANNAPOLIS — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MD COUNTY A A

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ANNAPOLIS

STREET ADDRESS (If rural give location) 105 CONDUIT St

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) C. (Last) FLOOD

4. DATE OF DEATH (Month) 7 (Day) 8 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	6-12-1891	64 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CLERK	U.S.N.A.	ANNAPOLIS MD	U.S.A.

13. FATHER'S NAME JOHN B. FLOOD

14. MOTHER'S MAIDEN NAME Rebecca Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS LILLIAN MYERS FLOOD (2)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary Insufficiency — 1 Month

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. **I Hereby certify** that I attended the deceased from Dec 1, 19 55, to July 8, 19 55, that I last saw the deceased alive on 7-8, 19 55, and that death occurred at 3 55 A M, from the causes and on the date stated above.

SIGNATURE Peter R. Martin M.D. — ADDRESS (Street, city, town, state) Annapolis, Md — DATE SIGNED 7-8-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-10-55		Annapolis Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
July 11, 1955	J. O. Council	John M Taylor Sons	Annapolis Md.

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06186

6191 **CERTIFICATE OF DEATH**

Reg. Dist. No. 28

1. PLACE OF DEATH	**2. USUAL RESIDENCE (HOME) OF DECEASED**
COUNTY Anne Arundel MARYLAND	STATE Md COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Galesville
LENGTH OF STAY (in this place) Yrs.	STREET ADDRESS (If rural give location) Galesville
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hosp.	

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) E.	(Last) Foote	**4. DATE OF DEATH**	(Month) 7	(Day) 2	(Year) 1955		
5. SEX	**6. COLOR OR RACE**	**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)**	**8. DATE OF BIRTH**	**9. AGE last birthday**	**IF UNDER 1 YEAR** Months	Days	**IF UNDER 24 HRS.** Hours	Min.	
F	Negro	Widowed	NOV. 9 1893	61 yrs.					

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OYSTER SHUCKER	**10b. KIND OF BUSINESS OR INDUSTRY** None	**11. BIRTHPLACE** (State or foreign country) Md	**12. CITIZEN OF WHAT COUNTRY?** U. S.
13. FATHER'S NAME GEORGE CLARKSON		**14. MOTHER'S MAIDEN NAME** UNKNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No	**(If Yes, give war or dates of service)**	**16. SOCIAL SECURITY NO.** 213050091	**17. INFORMANT & ADDRESS** Crownsville St. Hosp.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

00 2X IMMEDIATE CAUSE (A) Ca of lungs — INTERVAL BETWEEN ONSET AND DEATH 7 days

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Generalized arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July 2 19 55 to July 2 19 55, that I last saw the deceased alive on July 2 19 55, and that death occurred at 9:35 M, from the causes and on the date stated above.

SIGNATURE [signature] M.D. **ADDRESS** (Street, city, town, state) Crownsville State Hosp. **DATE SIGNED** 7-5-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	**DATE THEREOF** 7/13/55	**NAME OF CEMETERY OR CREMATORY** CHEWS	**LOCATION** (City, town, or county) Owensville	(State) MD
24. REC'D BY REGISTRAR DATE 7-12-55	**REGISTRAR'S SIGNATURE** [signature]	**25. FUNERAL DIRECTOR'S SIGNATURE** [signature]	**ADDRESS** Herbert Funeral Home Galesville	

RECEIVED

JUL 18 1955

BUREAU V. S.

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06187

6192

CERTIFICATE OF DEATH

Reg. Dist. No. 24

Item 9, Film G184 8-1-55 et

1. PLACE OF DEATH

COUNTY Anne ARUNDEL — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X GLEN BURNIE

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 PLAZA MANOR CONVALESCENT HOME Route 2 Box 376 A

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MD COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3 VOL. 4

STREET ADDRESS (If rural give location) 904 BREVARD St ✓

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) (Last) GAINES

4. DATE OF DEATH (Month) July (Day) 21 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
F	W	SINGLE	MARCH 19, 1884	70 71 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
AT HOME		MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MOSES J. GAINES SR.	MARY A. MURPHY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
NO		NONE	LEO GAINES

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

49 IX IMMEDIATE CAUSE (A) Bronchopneumonia

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic heart disease. Hemiplegia, left

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/2, 19 55, to 7/21, 19 55, that I last saw the deceased alive on July 19, 19 53, and that death occurred at 1245 P M, from the causes and on the date stated above.

SIGNATURE Joseph Gaela M.D. **ADDRESS** (Street, city, town, state) 102 Balto. Annap. Blvd. N. Glen Burnie Md. **DATE SIGNED** 7/21/1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	7/25/55	NEW CATHEDRAL	BALTIMORE MD

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
July 26, 1955	Louis J. LaCalle.	CHARLES F. EVANS & SON 114 W. Mt. Royal Ave

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INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

6193

06188

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edgewater
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EDGEWATER
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Georgie (Middle) Gardner (Last) GARTON

4. DATE OF DEATH (Month) 7 (Day) 3 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widowed	MAR 25 1890	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	DOMESTIC	VIRGINIA	U.S.A.

13. FATHER'S NAME WILLIAM SHIPP

14. MOTHER'S MAIDEN NAME SALLY RAYNOR

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS ERNIE LEE GARTON (2)

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
260X IMMEDIATE CAUSE	(A) Gastrointestinal hemorrhage	3 days
ANTECEDENT CAUSE(S) DUE TO	(B) Gastric ulcer	15 days.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(C) Diabetes mellitis	5 years ??
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	1. Arteriosclerosis 2. Old cerebrovascular accident 3. Congestive cardiac failure	1 year 1 month

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 19 54, to 2 July 19 55, that I last saw the deceased alive on 2 July 19 55, and that death occurred at 2:30 PM, from the causes and on the date stated above.

SIGNATURE Franklin D Hendrick M.D. ADDRESS (Street, city, town, state) Shadyside, Maryland DATE SIGNED 4 July 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	7-5-55	Church Cem.	Madison Co. Va

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
7/7/55	Edward Mullins	FREDDY FUNERAL HOME ORANGE Va.

RECEIVED

JUL 11 1955

BUREAU V. S.

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

20&21
Items 18, Film G185 8-12-55 ams

06189

6194

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Crownsville

LENGTH OF STAY (in this place): 15 yrs, 9mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Harford

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): BelAir 12-32-2

STREET ADDRESS (If rural give location): None listed ✓

3. NAME OF DECEASED (Type or Print): (First) Clark (Middle) (Last) Green, Jr.

4. DATE OF DEATH: (Month) 7 (Day) 16 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	Negro	Single	November, 1933	21 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	- - - -	Pennsylvania	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Bertha Green	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No.	No	None	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

351X IMMEDIATE CAUSE (A) Exhaustion due to extensive burns (3rd degree) — 5/1/55

ANTECEDENT CAUSE(S) DUE TO (B) Idiocy with spastic tetraplegia — Congenital

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 947.7 DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Exhaustion due to extensive burns (3rd degree) — 5/1/55

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0 - - - - -	- - - - - - - - - - - - - -	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) Building for Mentally (County) Deficient (State)
	- - - - - - - - - -	Shower Room - - - - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
5/1/55 M.		- - - - - Scalded in Shower - - - - -

22. I hereby certify that I attended the deceased from 1/5, 19 55, to 7/16/55, 19 ..., that I last saw the deceased alive on 7/16, 19 55 and that death occurred at 2:30 PM, from the causes and on the date stated above.

SIGNATURE: Hildegard Hearl Reinmann, M.D. — ADDRESS (Street, city, town, state): Crownsville, Md. — DATE SIGNED: 7/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	7/20/55	University Medical School	Baltimore Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS
7-20-55	K. M. JOYCE Dep. R. S. Supv.	Frances A. Hemsley 578 N. Biddle St.

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INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6165

CERTIFICATE OF DEATH

06190

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 10 Annapolis

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 129 Spa View Ave

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis 10 1

STREET ADDRESS (If rural give location): 129 Spa View Ave

3. NAME OF DECEASED (Type or Print): (First) CHARLOTTE (Middle) R. (Last) HARBOLD

4. DATE OF DEATH (Month) (Day) (Year): July 6, 1955 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	May 19, 1911	44 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School teacher	Jr. High	Annapolis, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Roscoe C. Rowe	Regina C. Dammeyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	No	?	Mr. Robert P. Harbold Jr.-Husband same as #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X IMMEDIATE CAUSE (A) METASTATIC CARCINOMA, TO BRAIN — INTERVAL BETWEEN ONSET AND DEATH: 6-7 WKS

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) CARCINOMA OF BREAST — 5 YRS

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/5, 1955, to 7/6, 1955, that I last saw the deceased alive on 7/6, 1955, and that death occurred at 3:00 A.M. from the causes and on the date stated above.

SIGNATURE	M.D.	ADDRESS (Street, city, town, state)	DATE SIGNED
Edward L Beck	M.D.	4 Southgate Ave Annapolis	7/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 8, 1955	Cedar Bluff Cemetery	Annapolis, Maryland

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE July 7, 1955	[signature]	[signature] HOPPING FUNERAL HOME	ANNAPOLIS, MD.

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INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6195 **CERTIFICATE OF DEATH** 06191

Reg. Dist. No.....

1. PLACE OF DEATH

COUNTY a a — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudley — LENGTH OF STAY (in this place) 20 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md — COUNTY a a

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudley

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Paul (Middle) Oliver (Last) Hardesty

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	Married	Feb 22 1890	65 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Tobacco	Sudley Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Oliver Hardesty	Martha B. Crandall

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	W W I		Jeanette Hardesty West River P.O. MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X IMMEDIATE CAUSE (A) Carcinoma head of pancreas

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
6/10/55	malignant Carcinoma pancreas	YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/12, 1955, to July 17, 1955, that I last saw the deceased alive on July 15, 1955, and that death occurred at 9:30 P.M, from the causes and on the date stated above.

SIGNATURE	M.D.	ADDRESS (Street, city, town, state)	DATE SIGNED
Emily H. Wilson		Lothian, md.	7/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/21/55	Zion	Galesville Md

24. REC'D BY REGISTRAR DATE 7-25-55	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
	[signature]	Bernard Hardesty	Galesville Md

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

M

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6193 06192

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Anne Arundel MARYLAND		STATE Maryland	COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Glen Burnie	LENGTH OF STAY (in this place)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Burnie X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 PLAZA MANOR CONVALESCENT HOME Route 2 Box 376A		STREET ADDRESS (If rural give location) 2815 Presstman Street 1	

3. NAME OF DECEASED (Type or Print)	(First) CLARA	(Middle)	(Last) HARDY	4. DATE OF DEATH	(Month) July	(Day) 26	(Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	C	Widow	Feb-14th.-1881	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Baltimore	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Solman Travers	Mary Wheller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No			Roland Hardy 531 W. Hoffman St.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.1 IMMEDIATE CAUSE (A)		
ANTECEDENT CAUSE(S) DUE TO (B)	Hypertensive cardiovascular	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)	disease	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Arteriosclerosis, General	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ...., 19...., to ...., 19............, that I last saw the deceased alive on ...., 19............, and that death occurred at 9:15 P.M, from the causes and on the date stated above.

SIGNATURE Joseph Tallo M.D. ADDRESS (Street, city, town, state) 102 S. Baltimore-Annapolis Blvd. N.E. Glen Burnie, Md. DATE SIGNED 7/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/30/55	Mt. Arburn Cem.	Baltimore Md.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE July 26, 1955	Louis J. DeAlba B	Elroy O. Wilson	1000 Brantley Ave.

1

INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06193

6197

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY AA — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Brownsville — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Brownsville Md

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md — COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore — 3V01-4

STREET ADDRESS (If rural give location) 1316 W Mosher Street

3. NAME OF DECEASED (Type or Print) (First) Carrie (Middle) (Last) Haskins

4. DATE OF DEATH (Month) 7 (Day) 15 (Year) 1955

5. SEX female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 5-1-93

9. AGE last birthday 62 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) D C

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME ?

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS 1316 W. Mosher St Baltimore

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

782.4 IMMEDIATE CAUSE (A) Heart failure — INTERVAL BETWEEN ONSET AND DEATH 2 weeks

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-14 1955, to 7-15-55, 19, that I last saw the deceased alive on 7-11 1955, and that death occurred at 6:35 PM, from the causes and on the date stated above.

SIGNATURE V B P Kim M.D. — ADDRESS (Street, city, town, state) — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 7-19-55 — NAME OF CEMETERY OR CREMATORY Mt Auburn — LOCATION (City, town, or county) (State) md

24. REC'D BY REGISTRAR DATE 7/18/55 — REGISTRAR'S SIGNATURE A. W. Hedrick

25. FUNERAL DIRECTOR'S SIGNATURE George D. Wilson — ADDRESS 1348 N. Calhoun St

1

INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6193

CERTIFICATE OF DEATH

06194

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Crownsville

LENGTH OF STAY (in this place): 1yr. 8mos. 11 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore City — 3V01-4

STREET ADDRESS (If rural give location): 3316 Hawkins Point Road

3. NAME OF DECEASED (Type or Print): (First) Annabelle (Middle) (Last) Hearn

4. DATE OF DEATH: (Month) 7 (Day) 7 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	Negro	Widowed	Unknown	72? yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	Unk.	Maryland	U. S.

13. FATHER'S NAME: John Parker

14. MOTHER'S MAIDEN NAME: Georgia Parker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Unk.	Unk.	Unk.	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X IMMEDIATE CAUSE (A) Hypertensive Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(025X) (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. CNS Syphilis - Psychosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
X		YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 1/5, 19 55, to 7/7, 19 55, that I last saw the deceased alive on 7/7, 19 55, and that death occurred at 4:30 P.M. from the causes and on the date stated above.

SIGNATURE: Hildegard Heard Reisson M.D.

ADDRESS (Street, city, town, state): Crownsville, Md.

DATE SIGNED: 7/8/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 11-1955	Mt Calvary Cemetery A. A. Co. Md	

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 7-11-55	Katherine Joyce	Robert Williams	1701 N Bond St

MARYLAND STATE DEPARTMENT OF HEALTH

06195

6199

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY OR TOWN Carvel Beach; LENGTH OF STAY (In this place) 11 y.; STATE MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 422 Carvel Beach Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Same; COUNTY; CITY OR TOWN Same; STREET ADDRESS (If rural, give location) Same

3. NAME OF DECEASED (Type or Print): (First) Christian (Middle) F. (Last) Heberlein

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1955

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 1/1/82

9. AGE last birthday: 73 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Silver Polisher

10b. KIND OF BUSINESS OR INDUSTRY: Ret. Stieff Co.

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Karl Heberlein

14. MOTHER'S MAIDEN NAME: Gertrude

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 215-01-7075

17. INFORMANT: Mrs. Carlton Treff (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 420.1 Coronary Occlusion — Interval between onset and death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☐ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) Deputy Medical Examiner ADDRESS Glen Burnie, Md. DATE SIGNED 7/22/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7/26/55

NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 7-25-55

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR: Leonard J. Ruck ADDRESS: 5305 Harford Road #14

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

06196

6300

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Severn
LENGTH OF STAY (In this place): 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Same — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Same
STREET ADDRESS (If rural, give location): Same

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Charles Edwin Hickerson	July 21st. 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M.	White	Married	10/14/86	69 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired PBX operator at the District Training School.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Brooklyn, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Hickerson
14. MOTHER'S MAIDEN NAME: ? UNKNOWN -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Anna H. Hickerson, (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary Occlusion	Sudden.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gustav H. Ramberg M.D.	Deputy Medical Examiner.	Glen Burnie, Md.	7/22/55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 23, 1955	White Marsh Ch. Cemetery	Laurel, Prince Georges County	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 23 1955	L. J. DeAlba	W. Singleton	Glen Burnie Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06197

6201

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) 17 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Riverview Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE GLEN BURNIE COUNTY AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 104 A St. S.W.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) G (Last) HILL
4. DATE OF DEATH: (Month) JULY (Day) 4 (Year) 1955
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: AUG 14 1876
9. AGE Last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): JUDGE
10b. KIND OF BUSINESS OR INDUSTRY: ORPHANS COURT
11. BIRTHPLACE (State or foreign country): WASHINGTON D.C.
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Joseph Aloysius Hill
14. MOTHER'S MAIDEN NAME: Helen Green
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr Chas Hill, Glen Burnie

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.0
Immediate cause (a) Heart Failure — 10 yrs
DUE TO (b) Arteriosclerotic Heart Disease
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral vascular accident
DUE TO (c) Cerebral arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1954 to date, 19..., that I last saw the deceased alive on July 2, 1955 and that death occurred at Resd 7/4/55 6 am, from the causes and on the date stated above.
SIGNATURE J. L. Ochs (Degree or title) M.D. ADDRESS 51 Southgate Ave DATE SIGNED 5 July 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 6—1955
NAME OF CEMETERY OR CREMATORY St Pauls Episcopal Church
LOCATION (City, town, or county) (State) Crownsville, Maryland
DATE REC'D BY LOCAL REGISTRAR July 5, 1955
REGISTRAR'S SIGNATURE Wm. French
24. FUNERAL DIRECTOR & ADDRESS R. V. Singleton - Glen Burnie, Md.

L. J. D'Alba.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06198

6166

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY A. A. — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 Annapolis

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 63 A. G. General

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY A. A.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 10

STREET ADDRESS (If rural give location) 147 King George

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) D. (Last) Hyde

4. DATE OF DEATH (Month) 7 (Day) 5 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
male	W	Married	12-24-1889	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lumber Yet	Plumber	Balto. Md.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles D. Hyde	Ida Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	If Yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT'S ADDRESS
yes	World War I	—	Bertha V. Hyde (2)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

196X IMMEDIATE CAUSE (A) Cancer of the throat & 7 wks ill

ANTECEDENT CAUSE(S) DUE TO (B) Probably Pulmonary

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) complications just preceding

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Death

INTERVAL BETWEEN ONSET AND DEATH: ?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED White at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-24, 19 65, to 7-5, 19 55, that I last saw the deceased alive on ....., 19 ....., and that death occurred at ....M, from the causes and on the date stated above.

SIGNATURE Harold R. Bahemon M.D. — ADDRESS (Street, city, town, state) — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	7-7-55	Arlington Nat'l	Arlington Va.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
July 7, 1955	[signature]	John M. Taylor	Annapolis Md.

RECEIVED

JUL 8 1955

BUREAU V. S.

06199

MARYLAND STATE DEPARTMENT OF HEALTH

6202

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Pasadena
LENGTH OF STAY (In this place): 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Magothy River off Beechwood Beach

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 3V01-4
STREET ADDRESS (If rural, give location): 1310 E. Chase St.

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) (Last) Jacobs

4. DATE OF DEATH: (Month) (Day) (Year) July 15th. 1955

5. SEX: F.

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: 2/15/11

9. AGE last birthday: 44 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Trogdon

14. MOTHER'S MAIDEN NAME: Ella Woods

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Cordelia Tull (sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.8

Immediate cause (a) Accidental Drowning — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Magothy River — (CITY OR TOWN): Beechwood Beach — (COUNTY): A.A. — (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 7/15/55 10.30p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Drowning

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Gustave A Rauhenbusch — (Degree or title): Deputy Medical Examiner — ADDRESS: Glen Burnie Md. — DATE SIGNED: 7/16/55

BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7-19-55 — NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem — LOCATION (City, town, or county): A.A. Co — (State): Md

DATE REC'D BY LOCAL REG.: 7/18/55 — REGISTRAR'S SIGNATURE: C.R. Hedrick — 24. FUNERAL DIRECTOR: Rayner Sanders — ADDRESS: 217 E. Preston St

VS. A15A

6203

06200

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sparrows Beach

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1610 Cascaran St.

3. NAME OF DECEASED: (Type or Print) (First) Carl (Middle) Thompson (Last) Jennings
4. DATE OF DEATH (Month) July (Day) 31 (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.
8. DATE OF BIRTH: 2-23-1934
9. AGE last birthday: 21 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Press Operator
10b. KIND OF BUSINESS OR INDUSTRY: Annual Resources
11. BIRTHPLACE (State or foreign country): Shelby, N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Everett Jennings
14. MOTHER'S MAIDEN NAME: Cadie Lia Conouthers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Everett Jennings - 65 Randolph Pl. N.W. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
929.8
Immcdiate cause (a) Drowning. — Interval Between Onset and Death: Sudden
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) Beach
21c. (City or town) (County) A. A. Co. (State) Md.
21d. TIME OF INJURY (Month) 7 (Day) 31 (Year) 55 (Hour) 4 M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? While at Sparrows Beach

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.
SIGNATURE
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
M. D. ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7-31-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 8-5-55
NAME OF CEMETERY OR CREMATORY Lincoln Memorial
LOCATION (City, town, or county) Pro. Geo. Co. (State) Maryland
DATE REC'D BY LOCAL REG. Aug. 1, 1955
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Frazier Funeral Home
ADDRESS Washington D.C. 3894 K. St. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06201

6204

CERTIFICATE OF DEATH

Reg. Dist. No. 23

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Glen Burnie
LENGTH OF STAY (in this place) 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Plaza Manor Nursing Home box 376-A, Rt 2, Glen Burnie

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V01-4
STREET ADDRESS (If rural give location) 1371 N. Stricker

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) (M) (Last) JOHNSON

4. DATE OF DEATH: (Month) JULY (Day) 5 (Year) 1955

5. SEX: F

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.

8. DATE OF BIRTH: 4 July 1882

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Mary's County, Md.

12. CITIZEN OF WHAT COUNTRY? Yes - USA

13. FATHER'S NAME: not known

14. MOTHER'S MAIDEN NAME: Liza Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs Jennie Hawkins (granddaughter) 800 W. Lanvale St, Balto.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Hypertension — 10 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. General Arteriosclerosis — 10 yrs

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19——, to ——, 19——, that I last saw the deceased alive on ——, 19——, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H.F. Manyak M.D. 901 Edgerly Rd. Glen Burnie, Md. 5 July 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-8-55
NAME OF CEMETERY OR CREMATORY Mt. Auburn
LOCATION (City, town, or county) (State) Baltimore Maryland

DATE REC'D BY LOCAL REGISTRAR 7-5-55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Thomas E. Nelson Jr.
ADDRESS 1303 Pleasant St.

NOTE: This patient has been under the care of Dr. Jos. Tala of Glen Burnie at this nursing home & I was called to pronounce her dead when he was not available.

VS. A15

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06202

6205

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Crownsville

LENGTH OF STAY (In this place): 2 yrs. 2 mos. 23 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore City

STREET ADDRESS (If rural give location): 1051 Argyle Avenue

3 Vol-4

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Bell (Last) Johnson

4. DATE OF DEATH: (Month) 7 (Day) 16 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
FE MALE	Negro	Widow	Unknown	78? yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	- - -	Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Yeager	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Unk.	Unk.	Unk.	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE(S) DUE TO (B): Senile Atrophy of the brain — Known to us since 4/23/52

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Chronic Purulent Cholecystitis — Unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
- - - -	- - - - - - - - - - - -	YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	- - - - - - - - - - - -	- - - - - - - - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
- - - - - M.		- - - - - - - - - - - - - - - -

22. I hereby certify that I attended ~~the~~ deceased from 1/5, 19 55, to 7/16, 19 55, that I last saw the deceased alive on 7/16, 19 55, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

SIGNATURE AND M.D.: Hildegard Heard Reissman — ADDRESS (Street, city, town, state): Crownsville, Md. — DATE SIGNED: 7/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	7-20-55	MT. AUBURN	BALTO; md

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE July 20, 1955	Katherine M. Joyce	Joseph S. Locks Jr.	1304 N. Central Ave

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06203

6206

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Crownsville

LENGTH OF STAY (in this place) 1mo. 23 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City 3V01-4

STREET ADDRESS (If rural give location) 1638 Miller Street

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Wyatt (Last) Jones

4. DATE OF DEATH (Month) 7 (Day) 9 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.	
					Months	Days	Hours	Min.
Female	Negro	Married	7 4 88	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	Unknown	Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
David Wyatt	Rebecca Wyatt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	Unknown	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertensive and Arteriosclerotic Heart Disease

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Psychosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/18, 1955, to 7/9, 1955, that I last saw the deceased alive on 7/9, 1955, and that death occurred at 5:15 P.M. from the causes and on the date stated above.

SIGNATURE John D. Hamilton M.D. — **ADDRESS** (Street, city, town, state) Crownsville, Md. — **DATE SIGNED** 7/10/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/13/55	Arlington Mem. Pk.	Balto., Md.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 7-12-55	A.W.Hedrich dmr.	Randolph & Clark	1412 E. Preston

MARYLAND STATE DEPARTMENT OF HEALTH

06204

6207

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 25

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brooklyn Park
LENGTH OF STAY (In this place): 3 y.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 422-V-Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: Same
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Same
STREET ADDRESS (If rural, give location): Same.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Edward (Last) Karczewski

4. DATE OF DEATH: (Month) July (Day) 24th (Year) 1955

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 11/11/98

9. AGE last birthday: 56 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life): Baler in

10b. KIND OF BUSINESS OR INDUSTRY: American Stores Warehouse.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Karczewski

14. MOTHER'S MAIDEN NAME: Dorothy Marus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War # 1

16. SOCIAL SECURITY NO.: 219-03-2361

17. INFORMANT: Mrs. Grace Karczewski (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☐, *Inspection* ☒, *Inquiry* ☒ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE: Gustav K Reinbeis.
(Degree or title): Deputy Medical Examiner
ADDRESS: Glen Burnie, Md.
DATE SIGNED: 7/24/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 27. 1955
NAME OF CEMETERY OR CREMATORY: Baltimore National.
LOCATION (City, town, or county): Balto.
(State): Md

DATE REC'D BY LOCAL REG. 7-26-55
REGISTRAR'S SIGNATURE: A. W. Redmond

24. FUNERAL DIRECTOR: John F. Teufel
ADDRESS: 5311 Edmondson Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06205

6167 CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: Annapolis
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 10 Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Collins Nursing Home Annapolis, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md 10
STREET ADDRESS (If rural give location) 17 Cathedral 1

3. NAME OF DECEASED: (Type or Print) (First) Flora (Middle) Maude (Last) Kashner

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: MAY 13, 1890

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): SALESWOMAN

10b. KIND OF BUSINESS OR INDUSTRY: MILLINER

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: FERDINAND FEESLER

14. MOTHER'S MAIDEN NAME: MATILDA FEESLER HEISE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: BUSINESS PARTNER MRS. A. GASKIN #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) INTESTINAL CARCINOMA — Interval Between Onset And Death: 2 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1955, to July 26, 1955, that I last saw the deceased alive on July 20, 1955, and that death occurred at 8:07 PM, from the causes and on the date stated above.

SIGNATURE John L. Hedrick (Degree or title) M. D. ADDRESS 90 Cathedral St. DATE SIGNED 7/28/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7-29-55 NAME OF CEMETERY OR CREMATORY St. Anne's LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 28, 1955 REGISTRAR'S SIGNATURE J. T. Council

24. FUNERAL DIRECTOR John M. Taylor & Sons ADDRESS Annapolis, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6208 **CERTIFICATE OF DEATH** 06206

Reg. Dist. No. 27

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Fort George G. Meade

LENGTH OF STAY (in this place): 4 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 50 U. S. Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Glen Burnie

STREET ADDRESS (If rural give location): 1239 Guilford Road

3. NAME OF DECEASED (Type or Print): (First) ROGER (Middle) JESSEN (Last) KELSO

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
Male	White	Single	6 July 1955	yrs.		4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Robert Kelso	Evelyn Jesser

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	None	None	Father, 1239 Guilford Road, Glen Burnie, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

763.5 IMMEDIATE CAUSE (A) Aspiration pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Prematurity

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
N		YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 July, 1955, to 10 July, 1955, that I last saw the deceased alive on 10 July, 1955, and that death occurred at 0905 M, from the causes and on the date stated above.

SIGNATURE ALFRED E. NEALE, CAPT. MC — Alfred E. Neale M.D. — **ADDRESS** (Street, city, town, state) Fort G.C. Meade, Md. — **DATE SIGNED** 10 July 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10 July 1955	Post Cemetery	Fort G.G. Meade, Maryland

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 10 July 1955	W.L.SAYLOR, 1ST LT MSC	Chaplain White	Fort G.G. Meade, Md

2075351291

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06207

6209 **CERTIFICATE OF DEATH**

Reg. Dist. No.....

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Crownsville

LENGTH OF STAY (in this place) 13 yrs. 10 mos. 23 das.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3 Y 0 1-4

STREET ADDRESS (If rural give location) 1606 McCulloh Street √

3. NAME OF DECEASED (Type or Print) (First) Ada (Middle) (Last) Lane

4. DATE OF DEATH (Month) July (Day) 26 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	Negro	Separated	Unknown	71? yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laundress	Unknown	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Barton	Rebecca Thompson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		Unknown	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X IMMEDIATE CAUSE (A) Bronchopneumonia - Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) AHCVD — Known to us 9/3/41

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senile Psychosis — Known to us since 9/3/41

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
———	———	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	———	———

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
———		———

22. I hereby certify that I attended the deceased from 1/31/48, 19....., to 7/26, 19 55, that I last saw the deceased alive on 7/25, 19 55, and that death occurred at 1:20 PM, from the causes and on the date stated above.

SIGNATURE [signature] M.D. — **ADDRESS** (Street, city, town, state) Crownsville, Md. — **DATE SIGNED** 7/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	7-29-55	Mt. Calvary CEM.	Anne A. County Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
July 27, 1955	Katherine M. Joyce	Mrs. Robt. A. Elliott + Daughter

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06208

6210 CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Crownsville

LENGTH OF STAY (in this place): 1 yr. 8mos. 21 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore City — 3V01-4

STREET ADDRESS (If rural give location): 562 Gold Street

3. NAME OF DECEASED (Type or Print): (First) Spicer (Middle) (Last) Laws

4. DATE OF DEATH: (Month) 7 (Day) 11 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	Negro	Married	~~Unknown~~ 12/24/88	~~90~~ 66 yrs.	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Unknown	Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give wer or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Unk.	Unk.	Unk.	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cerebral arteriosclerosis — Known to us since 10/20/53

(1260X) DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes mellitus - Psychosis — II

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 1/5, 19 55, to 7/11, 19 55, that I last saw the deceased alive on 7/9, 19 55, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

SIGNATURE Hildegard Heard Reinemann, M.D. — ADDRESS (Street, city, town, state) Crownsville, Md. — DATE SIGNED 7/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE (THEREOF)	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	7/14/55	Mt. Auburn	Baltimore Md.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 7-13-55	H. M. Joyce	W. Thomas E. Kelso Jr.	130 Priestman St

RECEIVED

JUL 13 1955

BUREAU V. S.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06209

6211 **CERTIFICATE OF DEATH**

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Crownsville

LENGTH OF STAY (in this place) 8½ hours

HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Montgomery

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg 15 X - 2

STREET ADDRESS (If rural give location) Rte. #3

3. NAME OF DECEASED (Type or Print): (First) Freeman (Middle) O. (Last) Lee

4. DATE OF DEATH: (Month) 7 (Day) 6 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negro	Uknown	6-27-25 Unknown	30? yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown Laborer	Unknown	Unknown	Unk.

13. FATHER'S NAME: Unknown — William O Lee

14. MOTHER'S MAIDEN NAME: Unknown — Helen Edmonia Swaile

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) Unk. 2nd World War

16. SOCIAL SECURITY NO. Unk.

17. INFORMANT & ADDRESS: Hospital Records — add. dup. for Helen E. Lee

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Admitted 7/5/55

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
— — — —	— — — — — — — — — — — — — —	YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	— — — — — — —	— — — — — — — — — —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
— — — — — M.		— — — — — — — — — — —

22. I hereby certify that I attended the deceased from 7/5/ , 19 55 , to 7/6 , 19 55 , that I last saw the deceased alive on 7/6 , 19 55 , and that death occurred at 12:15 P.M. from the causes and on the date stated above.

SIGNATURE R. Benedict M.D. (L. Benedict) **ADDRESS** (Street, city, town, state) Crownsville, Md. **DATE SIGNED** 7/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-7-55	Mt Ezion	Rockville, Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
7-7-55	K M [illegible]	Robert L. Snowden	Rockville Md

06210

MARYLAND

STATE DEPARTMETT OF HEALTH

6212 CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park. | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD. COUNTY Anne Arundel.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Severna Park MD.
STREET ADDRESS (If rural, give location) Cypress Creek Rd.

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) Agnes. (Last) Little.

4. DATE OF DEATH (Month) July (Day) 26 (Year) 1955.

5. SEX F. | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify)

8. DATE OF BIRTH Nov 27, 1904 | 9. AGE last birthday 50 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife. | 10b. KIND OF BUSINESS OR INDUSTRY Home.

11. BIRTHPLACE (State or foreign country) BALTO. MD. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William Jesse (Conway.)

14. MOTHER'S MAIDEN NAME Miss Violet Miller.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. | (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Sons. Wm. D. Little. 1402 Woodbourne Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction 420.1 — Interval Between Onset and Death: 30 min.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized Arteriosclerosis -

(c) Hypertensive C.V. Disease 1½ yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 8A m., from the causes and on the date stated above.
Never saw Alive.

SIGNATURE Robert R. Hahn (Degree or title) ADDRESS Severna Park Md. DATE SIGNED 26 July 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE July 29/55 | NAME OF CEMETERY OR CREMATORY Holy Redeemer | LOCATION (City, town, or county) Baltimore (State)

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR B | ADDRESS Ullrich Funeral Home 4210 Belair Road

MARGIN RESERVED FOR BINDING

Patient was under care of Dr. Martin Singewald, Balto.
Case has been passed by Dr. Faulkner - Web. Ex.

R.H.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6213 **CERTIFICATE OF DEATH** 06211

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Crownsville

LENGTH OF STAY (in this place) 3yrs.6mos.17days.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Worcester

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin

STREET ADDRESS (If rural give location) 23 X - 2 √

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) (Last) Lockwood

4. DATE OF DEATH (Month) July (Day) 27 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	Negro	Single	Unknown	43? yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	-----	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Lockwood	Clara Purnell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		Unknown	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33/X IMMEDIATE CAUSE (A) CVA — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cerebral Thrombosis

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Mental Deficiency (Moron)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
-----	-----	

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	-----	-----

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
-----		-----

22. I hereby certify that I attended the deceased from 1/5, 19 55, to July 27, 19 55, that I last saw the deceased alive on 7/27, 19 55, and that death occurred at 10:50 PM, from the causes and on the date stated above.

SIGNATURE H. Edgeard Heard Rennie M.D. ADDRESS (Street, city, town, state) Crownsville, Md. DATE SIGNED 7/28/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/30/55	CEDAR CHAPEL	NEWARK MD

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Aug. 1, 1955	T. M. Joyce	William Reca 108 W. Wash. St Annapolis, Md.

Unclaimed Veteran Remains

06212

MARYLAND STATE DEPARTMENT OF HEALTH

6214

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 23?

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Anne Arunel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X P.O.Glen Burnie — LENGTH OF STAY (In this place): 10 y.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 Nabbs Creek

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Same — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Same — X
STREET ADDRESS (If rural, give location): Same — 1

3. NAME OF DECEASED (Type or Print): (First) James Edward (Middle) (Last) Lucas

4. DATE OF DEATH: (Month) (Day) (Year) July 3rd. 1955 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8/9/1902

9. AGE last birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Centreville,Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William N Lucas

14. MOTHER'S MAIDEN NAME: Etta Frampton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): N8

16. SOCIAL SECURITY NO.: 215-07-778

17. INFORMANT AND ADDRESS: Mrs. Anna Lucas, (M[illegible])

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.8

Immediate cause (a) Accidental Drowning — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Nabbs Creek — (CITY OR TOWN) (COUNTY) (STATE): P.O.Glen Burnie MD. A.A.

TIME OF INJURY (Month) (Day) (Year) (Hour): 7/3/55 3.20 P.M. — INJURY OCCURRED While at work ☐ Not while at work X

HOW DID INJURY OCCUR? Drowning

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gustave H Brackenridge — Deputy Medical Examiner — Glen Burnie, Md. — 7/3/55

22. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)
Burial — 7/6/1955 — Holy Cross — G. A. Co.

DATE REC'D BY LOCAL REG. 7-5-55 — REGISTRAR'S SIGNATURE A. W. Hedrick — 24. FUNERAL DIRECTOR ADDRESS: Flynn & Fleming 1476 Light St.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06213

6215

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH

COUNTY ANNE ARUNDEL MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Glen Burnie

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS PLAZA MANOR CONV. HOME Route 2 Box 376A

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MARYLAND COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE

STREET ADDRESS (If rural give location) 619 CARROLLTON AV.

3Vol-4

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) (Last) MACK

4. DATE OF DEATH (Month) 7 (Day) 29 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	C	WIDOWED	JAN. 3rd, 1884	71YRS yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CARPENTER	CONSTRUCTION	MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNKNOWN	UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
NO	NO	NONE	GRACE SMITH ALLEN, 259 MARION ST BKLYN. N.Y. (3)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) Congestive heart failure

ANTECEDENT CAUSE(S) DUE TO (B) Arteriosclerotic heart

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1955, to 7/29, 1955, that I last saw the deceased alive on 7/26, 1955, and that death occurred at 5:20 P.M., from the causes and on the date stated above.

SIGNATURE Joseph Tater M.D. ADDRESS (Street, city, town, state) 162 BALTO-ANNAP. BLVD. N.E. Glen Burnie, Md. DATE SIGNED 7/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/1/55	Mt Auburn Cem	Balto Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
8-1-55		Charles H Cooper 512 Carrollton Av.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

6216

CERTIFICATE OF DEATH

06214

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Solley Road Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solley Road
STREET ADDRESS (If rural, give location) Rt. # 1, Box 188

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) (Last) Maleski

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-3-1881

9. AGE last birthday: 74 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Joseph Lukaszewski

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-09-1117

17. INFORMANT: Stanley James Maleski Solley Road Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Arteriosclerotic Cardio Vascular Illness — Interval Between Onset and Death: 5 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Artery Illness — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1950, to July 3, 1955, that I last saw the deceased alive on 6/28, 1955, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

G. Brady Smith M.D. Riviera Beach, Md. 7/5/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6-6-55

NAME OF CEMETERY OR CREMATORY: Holy Rosary Cem.

LOCATION (City, town, or county) (State): Furnace Hill Rd.

DATE REC'D BY LOCAL REG.: July 5, 1955

REGISTRAR'S SIGNATURE: C. A. Hedrick

24. FUNERAL DIRECTOR: Johnston Weber

ADDRESS: 401 S. Chester St

06215

MARGIN RESERVED FOR BINDING

M

I

MARYLAND

STATE DEPARTMETT OF HEALTH

6217 **CERTIFICATE OF DEATH** Reg. Dist. No. 2

1. PLACE OF DEATH: COUNTY: Anne Arundel, MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Severna Park
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Arundel Beach Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Severna Park
STREET ADDRESS (If rural, give location): Arundel Beach Rd

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) Malone

4. DATE OF DEATH: (Month) July (Day) 3. (Year) 1955

5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: July 24 1886
9. AGE last birthday: 68 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret - carpenter
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: James J. Malone
14. MOTHER'S MAIDEN NAME: Marie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Daughter Mrs Fear, Arundel Beach Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — 443X

Immediate cause (a) Respiratory Failure

Antecedent cause(s) Generalized Arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio Vascular (c) Disease.

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Coronary Insuff.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1954, to ...., 19........, that I last saw the deceased alive on 2 July, 19........ and that death occurred at 6 30 P.m., from the causes and on the date stated above.

SIGNATURE: R Hahn M.D. (Degree or title) ADDRESS: Severna Park Md. DATE SIGNED: 7 July 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 7/6/55
NAME OF CEMETERY OR CREMATORY: Meadowridge
LOCATION (City, town, or county) (State): Dorsey Md.

DATE REC'D BY LOCAL REG.: 7 5 55
REGISTRAR'S SIGNATURE: A W. Hedrick, Dep.
24. FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS: 1217 St. Paul St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06216

6218

CERTIFICATE OF DEATH

Reg. Dist. No. 7-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover, Md. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 462 Hanover, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover
STREET ADDRESS (If rural, give location) Box 462 Hanover, Md.

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) Eugene (Last) Matthews

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: June 6 1901

9. AGE Last Birthday 55 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Produce

11. BIRTHPLACE (State or foreign country): Hanover, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Elias Matthews

14. MOTHER'S MAIDEN NAME: ? Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT'S ADDRESS: Mrs. Margie L. Matthews Box 462 Hanover, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carcinoma of Bladder — DUE TO — Interval Between Onset and Death: 9 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1st, 1955, to July 22nd 1955, that I last saw the deceased alive on July 21st 1955 and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Frank Shipley, M.D. ADDRESS Savage, Md. DATE SIGNED 7/22/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF July 24 1955 | NAME OF CEMETERY OR CREMATORY Meth. Rest | LOCATION (City, town, or county) (State) Hanover, Md.

DATE REC'D BY LOCAL REG. July 23 1955 | REGISTRAR'S SIGNATURE R.W.S.

24. FUNERAL DIRECTOR Edward Funeral Home ADDRESS 1631 Druid Hill Ave.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06217

6219

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH

COUNTY ANNE ARUNDEL — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X DAVIDSONVILLE

LENGTH OF STAY (in this place) 46 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 RFD

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland — COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Davidsonville X

STREET ADDRESS (If rural give location) RFD 1

3. NAME OF DECEASED (Type or Print) — (First) JOSEPH — (Middle) ANTON — (Last) MAYR

4. DATE OF DEATH (Month) JULY (Day) 31, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feb. 19, 1871	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Farmer	Owned Farm	Germany	USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
---	---	none	Mr. Thomas E. Mayr- Son- Same as # 2

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 433.1 IMMEDIATE CAUSE (A)	Congestive Heart Failure	4 days
ANTECEDENT CAUSE(S) DUE TO (B)	Nephritis	6 Months
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)	Auricular Fibrillation	1 year
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Arteriosclerosis	10 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
		None

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
None M.		

22. I hereby certify that I attended the deceased from July 26, 19 55, to July 31, 19 55, that I last saw the deceased alive on July 31, 19 55, and that death occurred at 3:15 M, from the causes and on the date stated above.

SIGNATURE Charles L. Janeen M.D. — **ADDRESS** (Street, city, town, state) Upper Marlboro, Md. — **DATE SIGNED** 7-31-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	August 3, 1955	Our Lady of Sorrows Cemet.	OWENSVILLE, A.A. Co. Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
August 1, 1955	Carrie J. Suitt	[illegible]	ANNAPOLIS, MD.

MARYLAND STATE DEPARTMENT OF HEALTH

06218

6220

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 24.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X P.O.Pasadena
LENGTH OF STAY (In this place): Few seconds
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Woods near Grammar School of High Point.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Alexandria 83X.3
STREET ADDRESS (If rural, give location): 1420 Dogwood Drive

3. NAME OF DECEASED (Type or Print): (First) Lud (Middle) James (Last) Milisterff

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8/18/18

9. AGE last birthday: 36 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Major in the U.S.A.Air Forces

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bison,S.D.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Milisterf

14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of): Air Forces,presently.

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: U.S.Air Force Records,Capt.J.R.Finn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

860X
Immediate cause (a) Charred and mutilated beyond recognition — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: In the air — (CITY OR TOWN) High Point P.O.Pasadena, A.A. — (COUNTY) — (STATE) Maryland.

TIME OF INJURY (Month) (Day) (Year) (Hour): 7/19/55 12.30 P.M. — INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? Collision in the air.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Gustav A Farber MD — (Degree or title) ADDRESS: Deputy Medical Examiner, Glen Burnie,Md. — DATE SIGNED: 7/20/55

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: 21 July 1955 — NAME OF CEMETERY OR CREMATORY: Ark. Natl Cem. — LOCATION (City, town, or county) (State): Ark. Va

DATE REC'D BY LOCAL REG.: July 20, 1955 — REGISTRAR'S SIGNATURE: L. J. DeAlba

24. FUNERAL DIRECTOR — ADDRESS: Ronald Jenerol Home 816-H St N.E. Wash D.C.

VS. A15A

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06219

6168

CERTIFICATE OF DEATH

21

Reg. Dist. No. ....

1. PLACE OF DEATH
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 Annapolis
LENGTH OF STAY (in this place) 1½ hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 63 Anne Arundel General Hosp Franklin St

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY ~~Baltimore~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 23 3V01-4
STREET ADDRESS (If rural give location) 406 S. Payson St. ✓

3. NAME OF DECEASED (Type or Print) (First) Nolan (Middle) Franklin (Last) Miller

4. DATE OF DEATH (Month) July (Day) 30 (Year) 1955

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov 21-1915
9. AGE last birthday 39 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector
10b. KIND OF BUSINESS OR INDUSTRY Ship Work
11. BIRTHPLACE (State or foreign country) York Penna
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles F. Miller
14. MOTHER'S MAIDEN NAME Carrie Faringher

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-07-0359
17. INFORMANT & ADDRESS Catherine B. Miller 406 S Payson St

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
825X IMMEDIATE CAUSE (A) Multiple Severe Accidental Injuries
INTERVAL BETWEEN ONSET AND DEATH 1 Hr 50 Min
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) Jones Station Ritchie Highway
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9:30 pm July 30 55 M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Auto Accident

22. I hereby certify that I attended the deceased from 30 July, 1955, to 30 July, 1955, that I last saw the deceased alive on 30 July, 1955, and that death occurred at 11:20 P.M., from the causes and on the date stated above.

SIGNATURE W E Handmosser Jr M.D.
ADDRESS (Street, city, town, state) 96 Cathedral Annapolis Md
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Aug 3-1955
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) Balto (State) Md

24. REC'D BY REGISTRAR
DATE
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR'S SIGNATURE Robt. H. Cy B M Walters
ADDRESS Pratt & Stricker Sts

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH

06220

6169

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

ah

1. PLACE OF DEATH: COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis — LENGTH OF STAY (in this place): 10
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Annapolis
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis — 10
STREET ADDRESS (If rural, give location): 33 Hutton Place — 1

3. NAME OF DECEASED (Type or Print): (First) OLIVER (Middle) (Last) MORSE
4. DATE OF DEATH: (Month) July (Day) 25 (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: ?
9. AGE last birthday: 38 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): Westminster, Carroll, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edwin E. Morse, Jr.
14. MOTHER'S MAIDEN NAME: Hannah Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Geo. Morse, Westminster Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

981X

Immediate cause (a) Cardiac tamponade due to stab wound of chest

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) involving myocardium

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary occlusion; Myocardial infarct

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: home of friend
(CITY OR TOWN): Annapolis (COUNTY): Anne Arundel (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 7/25/55 12:45 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Stabbed with knife during altercation

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE: William Booth (Degree or title) — ADDRESS: 70 Fleet St. — DATE SIGNED: July 26, 1955

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 30 55 — NAME OF CEMETERY OR CREMATORY: Western Chapel — LOCATION (City, town, or county) (State): Rural, West Minster Md

DATE REC'D BY LOCAL REG. 7-27-55 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR: J. E. Myers, Jr. — ADDRESS: West Minster Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06222

6222

Reg. Dist. No. 23

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Anne Arunel — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: P.O. Glen Burnie
LENGTH OF STAY (in this place): 30 y.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Margate Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie
STREET ADDRESS (If rural give location): Margate Drive

3. NAME OF DECEASED: (First) George (Middle) Henry (Last) Neubeck
4. DATE OF DEATH: (Month) July (Day) 20th (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W.	Married	1/9/93	62 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	self-employed	Baltimore, Md.	U.S.A.

13. FATHER'S NAME: Joseph Neubeck
14. MOTHER'S MAIDEN NAME: ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	217-16-0042	Mrs. M. Neubeck, (Wife) Margate Dr. Glen Burnie

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
163X Immediate cause	(a) Carcinoma of lungs	5 months
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Infection of lungs	?
	DUE TO (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2/5/55, 19..., to May 1955, 19..., that I last saw the deceased alive on May, 1955, and that death occurred at 5 A. M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gustave A. Raecker MD		Glen Burnie, Md.	7/20/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 23/1955	Loudon Park	Balto.	Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-22-55	[illegible]	Geo. J. Gonce	4001 Ritchie Hgwy Balto 25

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6221

CERTIFICATE OF DEATH

06221

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY AA. — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X RIVA

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital or institution, give residence) 90 RIVERVIEW NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY A. A. Co.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RIVA X

STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED (Type or Print) (First) ELIZABETH (Middle) D. (Last) Nott

4. DATE OF DEATH (Month) 7 (Day) 28 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
F	W	SINGLE	12/25/1878	76 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOME	HOME	DAVENPORT. Iowa	USA

13. FATHER'S NAME ROBERT Nott

14. MOTHER'S MAIDEN NAME ISABEL MASON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS MRS WALLACE #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 IMMEDIATE CAUSE (A) Generalized Sclerosis — INTERVAL BETWEEN ONSET AND DEATH 20 yrs

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Catatonic schizophrenia — 4-5 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 48, to July 28, 19 55, that I last saw the deceased alive on July 27, 19 55, and that death occurred at 6:30 P.M. from the causes and on the date stated above.

SIGNATURE J. Bowman M.D. — **ADDRESS** (Street, city, town, state) Cumberland Md — **DATE SIGNED** 7/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
REMOVAL	7/29/55		DAVENPORT Iowa

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
7/29/55	[signature]	John Mc Kee & Sons	Annapolis Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06223

6223

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Fort George G. Meade

LENGTH OF STAY (in this place): 2 1/2 Yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 50 U. S. Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: New York — COUNTY: Monroe

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rochester 69X-3

STREET ADDRESS (If rural give location): 357 West Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) STEPHEN (Middle) MICHEAL (Last) NOWAK

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	3 July 1955	yrs.				50

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Maryland	USA

13. FATHER'S NAME: Alfred Theodore Nowak

14. MOTHER'S MAIDEN NAME: Beverley Mass

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	No	None	Alfred Theodore Nowak Father, 504 S. Lehigh Street, Balt. 24, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X IMMEDIATE CAUSE (A) Premature — INTERVAL BETWEEN ONSET AND DEATH: 50 Minutes

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
X		YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 0255-3 July 19 55, to 0345-3 July 19 55, that I last saw the deceased alive on 3 July 19 55, and that death occurred at 0345 A.M., from the causes and on the date stated above.

SIGNATURE: Alfred E. Neale M.D. — ADDRESS (Street, city, town, state): Fort G. G. Meade, Maryland — DATE SIGNED: July 3, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal-permission granted to remove remains to Second Army Med Lab, FGGM, Md.			

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
7 July 1955	W.L.SAYLOR, 1ST LT MSC	None

20752162 10

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06224

6224

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. NAME OF DECEASED (Type or Print): JOHN OBRIEN

2. DATE OF DEATH: 7/8/55

3. PLACE OF DEATH:
A. ~~Baltimore City~~, Maryland X a. a. Co.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fort Meade 50
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 3X01-4
D. STREET ADDRESS (If rural, give location): 1305 Wildwood Parkway

5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: Oct 26th 1907
9. AGE (In years last birthday): 47
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier C.W.O.
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Air Force
11. BIRTHPLACE (State or foreign country): Mass
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank C O'Brien
14. MOTHER'S MAIDEN NAME: Jennie Horgan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): W.W. #2
16. SOCIAL SECURITY NO.:
17. INFORMANT: Wm Brennan ADDRESS: 1305 Wildwood Pkwy

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ARTERIOSCLEROTIC CARDIO — INTERVAL BETWEEN ONSET AND DEATH: -

DUE TO (B) VASCULAR DISEASE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (C) Acute myocardial infarction - posterior left ventricle & septum

420.1

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20. AUTOPSY? YES X NO

22. *I certify that I took charge of the remains described above, held an* Autopsy X, Inspection X, Inquiry ☐, and found that death resulted from: Natural causes X, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

23A. SIGNATURE: Paul F Brennan M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER X MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 7/9/55

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	7/11/55	Framingham	Mass.

DATE RECEIVED BY LOCAL REGISTRAR: 7-11-55
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Wm Cox Inc. ADDRESS: 1217 St. Paul St

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

! 6225

CERTIFICATE OF DEATH

06225

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY A A — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) x Robinson

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY A A

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Robinson x

STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) (Last) Pask

4. DATE OF DEATH (Month) July (Day) 9 (Year) 19 55

5. SEX Fem

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH May 9 1881

9. AGE last birthday 74 yrs.

IF UNDER 1 YEAR: Months — Days

IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Armagh A A Co.

12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME Robert Wallace

14. MOTHER'S MAIDEN NAME Mary E. Jennings

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS Jewel Levi Pask

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

159X IMMEDIATE CAUSE (A) Carcinoma / G.I. Tract — INTERVAL BETWEEN ONSET AND DEATH about 1 mos.

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-21-55, 19..., to 7-9-55, 19..., that I last saw the deceased alive on 7-1-55, 19..., and that death occurred at 7:15 A. M, from the causes and on the date stated above.

SIGNATURE A. T. Allen M.D. — ADDRESS (Street, city, town, state) 62 Cathedral St — DATE SIGNED 7-11-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF July 12 — NAME OF CEMETERY OR CREMATORY Asbury Tommack — LOCATION (City, town, or county) Robinson — (State) Md.

24. REC'D BY REGISTRAR DATE July 13, 1955 — REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE J B Johnson — ADDRESS Armagh

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06226

6170 # CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH

COUNTY: A A. — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis — LENGTH OF STAY (in this place): 10

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 90 Homewood Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Md. — COUNTY: A A

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis — 10

STREET ADDRESS (If rural give location): 173 Green St. — 1

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) (Last) PAVLEROS

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widower	Unknown	About 84 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Confectioner	Candy	Greece	USA

13. FATHER'S NAME: Themestocles Pavleros

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Wm. Pavleros same as #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 IMMEDIATE CAUSE (A) Acute Pulmonary Edema & Auricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 2 Minutes

ANTECEDENT CAUSE(S) DUE TO (B) Arteriosclerotic C.V. Disease — yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Mid-thigh amputation 1 mo ago due to arterial Embolus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1952 to 7/20 1955, that I last saw the deceased alive on 7/20 1955, and that death occurred at 8:10 P.M, from the causes and on the date stated above.

SIGNATURE: Maurice N. Lawrence, M.D. — ADDRESS (Street, city, town, state): Annapolis Md — DATE SIGNED: 7/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-25-55	Greek Church Cemetery	Baltimore Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
7/22/55	[signature]	John M. Taylor & Sons	Annapolis, Md.

06227

6171

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

1. PLACE OF DEATH: COUNTY A.A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis 10 | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. Gen. Hospt 63

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY A.A.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Edgewater X
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) L. (Last) Petrie
4. DATE OF DEATH (Month) 7 (Day) 7 (Year) 19 55
5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):
8. DATE OF BIRTH: 7-5-1887
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Public Institute
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Petrie
14. MOTHER'S MAIDEN NAME: Bridgett Palmer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Isabelle M. Palmer Edgewater Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart Disease — Sudden
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE E. Ben Linthicum M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 7/7/55

23. BURIAL, CREMATION, REMOVAL (Specify): | DATE THEREOF July 11, 1955 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REG. July 8, 1955 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Robert A. Mattingly | ADDRESS 131-11th St. S.E. Washington D.C.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06228

6228

CERTIFICATE OF DEATH

Item 4, FilmG188 10-21-55 et

Reg. Dist. No. 20

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Davidsonville

LENGTH OF STAY (In this place) 26 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Davidsonville, Md X

STREET ADDRESS (If rural give location) Davidsonville

3. NAME OF DECEASED (Type or Print) (First) Rachael (Middle) (Last) Pindell

4. DATE OF DEATH (Month) July (Day) 26 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
F	C	Widow	1871	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	MD.	

13. FATHER'S NAME: Mose Rawlings

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
—	—	—	Estelle Della, Davidsonville Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X IMMEDIATE CAUSE (A) Hypertensive Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-24-55 19.0, to 7-26-55 19....., that I last saw the deceased alive on 7-25-55 19....., and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE G. T. [illegible] M.D. — ADDRESS (Street, city, town, state) 62 Cathedral St. — DATE SIGNED 7-27-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/29/55	Union	Davidsonville. MD

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Aug 4th	Carrie J. Hiett	Bernard Hardesty, Hebbville Md.

1

INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6227

CERTIFICATE OF DEATH

06229

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY A. A — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Chalk Point, West River — LENGTH OF STAY (in this place): 40 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 08

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md — COUNTY a a

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Chalk Point, West River Md X

STREET ADDRESS (If rural give location): /

3. NAME OF DECEASED (Type or Print): (First) Maggie P. (Middle) (Last) Placide

4. DATE OF DEATH: (Month) 7 (Day) 21 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F	W		July 17 1867	88 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Chalk Pt West River Md	

13. FATHER'S NAME: William Kuehn

14. MOTHER'S MAIDEN NAME: Margaret Kropp

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Dudley Placide Balt md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 450.0 IMMEDIATE CAUSE	(A) Pulmonary Congestion	10 hours
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Congestive failure	4 Months
	DUE TO (C) Arteriosclerosis	seven years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Pneumonia 5 mos ago.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1955, to 21 July, 1955, that I last saw the deceased alive on 21 July, 1955, and that death occurred at 4:45 P.M. from the causes and on the date stated above.

SIGNATURE: H D Hendricks M.D. — ADDRESS (Street, city, town, state): Shady Side, Md. — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	~~7-25-55~~	Dunbar	Galesville Md

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 7-25-55	[signature]	Bernard Hardesty	Galesville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06230

6228

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:

COUNTY Anne Arundel MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bodkin's Creek

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Baltimore City

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V01-4

STREET ADDRESS (If rural, give location) 2610 Allendale Rd.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Charles	Ryland	Pollard	July	7	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feb. 22, 1878	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Sales Mnger.	Research	Baltimore, Md.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles R. Pollard	Nancy Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	216-12-3912 A	Katherine M. Pollard - 2610 Allendale Rd.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 422.1	(a) Cardio-vascular disease —	about 8 mo
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arterio-sclerosis	P
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from July 6, 19 55, to July 7, 19 55, that I last saw the deceased alive on July 5, 19 55, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

SIGNATURE Wallace Shiblett (DEGREE OR TITLE) 22 20 Garrison Blvd (ADDRESS) Md (DATE SIGNED)

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/11/1955	Loudon Park Cem.	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-8-55	[illegible]	Ellsworth Armacost	Ellsworth Armacost - 4600 Liberty Hghts. Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

M

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

06231

6229

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 23

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
LENGTH OF STAY (in this place) 5 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Furnace Creek

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V01-4
STREET ADDRESS (If rural, give location) 1114 W. Pratt St.

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) J. (Last) RAHE
4. DATE OF DEATH (Month) (Day) (Year) 7/8/55 19

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 4/21/35
9. AGE last birthday 20 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector
10b. KIND OF BUSINESS OR INDUSTRY Balto. Porcelain Steel
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Rahe
14. MOTHER'S MAIDEN NAME Katherine Dahl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs Katherine Rahe 1114 W. Pratt St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

9298

Immediate cause (a) Accidental Drowning, — Sudden

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Furnace Creek
(CITY OR TOWN) Glen Burnie (COUNTY) A.A. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 7/8/55 5 A. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Drowning

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Gustave H. Rauber MD (Degree or title)
ADDRESS Glen Burnie, Md.
DATE SIGNED 7/8/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/11/55
NAME OF CEMETERY OR CREMATORY Western Cem.
LOCATION (City, town, or county) Edmondson & Longwood Sts.
(State)

DATE REC'D BY LOCAL REG. 7/8/55
REGISTRAR'S SIGNATURE A.W. Adm
FUNERAL DIRECTOR John J. Cavanagh
ADDRESS 9 S. Hollins

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07374

6230

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Crownsville
LENGTH OF STAY (in this place) 1mo.11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3Y01-4
STREET ADDRESS (If rural give location) 125 Prague Court ✓

3. NAME OF DECEASED (Type or Print) (First) Levi (Middle) (Last) Ramsey

4. DATE OF DEATH (Month) July (Day) 27 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	Negro	Unknown	Unknown	74 yrs.	--	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	----	Unknown	Unknown

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Unknown	---	Unknown	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 002X
IMMEDIATE CAUSE (A) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: Known to us since 6/16/55
ANTECEDENT CAUSE(S) DUE TO (B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (026X) DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. CNS Syphilis Known to us since 6/16/55
Chronic Brain Syndrome Associated with Arteriosclerosis

19a. DATE OF OPERATION ----
19b. MAJOR FINDINGS OF OPERATION ----
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) -----
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) --------
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. ------
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? ------

22. I hereby certify that I attended the deceased from June 16, 1955, to July 27, 1955, that I last saw the deceased alive on July 27, 1955, and that death occurred at 3:45 p.M, from the causes and on the date stated above.

SIGNATURE Hildegard Heard Ramirez M.D. ADDRESS (Street, city, town, state) DATE SIGNED 7/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
[illegible]	8/11/55	[illegible]	Baltimore	Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
8-13-55	R. M. Joyce	[illegible]	578 W. [illegible] St.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A1SC 1-55 10M

RECEIVED

AUG 19 1955

BUREAU V. S.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6231

CERTIFICATE OF DEATH

06232

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Crownsville

LENGTH OF STAY (in this place) 2 yr. 10 mos. 22 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City 3V01-4

STREET ADDRESS (If rural give location) Unknown

3. NAME OF DECEASED (Type or Print) — (First) John (Middle) W. (Last) Rice

4. DATE OF DEATH (Month) 7 (Day) 21 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negro	Separated	Unknown	76? yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None listed	- - -	Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Sam Rice	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No.	Unknown	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X IMMEDIATE CAUSE (A) Myocardial Insufficiency

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Hypertensive Arteriosclerotic Cardiovascular Dis.

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: Known to us since ~~8/29/52~~

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senile Psychosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
- -	- - -	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	- - - -	- -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
- - M.		- - - -

22. I hereby certify that I attended the deceased from 8/29, 19 52, to 7/21, 19 55, that I last saw the deceased alive on 7/21, 19 55, and that death occurred at 4:30a.M, from the causes and on the date stated above.

SIGNATURE [signature] M.D. **ADDRESS** (Street, city, town, state) Crownsville, Md. **DATE SIGNED** 7/21,1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	7/25/55	University Medical School	Baltimore Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
7-26-55	R. M. Joyce	Frances A. Hensley	575 W. Biddle St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06233

6232

Reg. Dist. No. 23

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN: X Glen Burnie

LENGTH OF STAY (in this place): 10 mo

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Plaza Manor Nursing Home, Rt 376A, Rt 2 Glen Burnie

90

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Balto. city

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore — 3 V 01-4

STREET ADDRESS (If rural give location): 869 W. Fayette St

3. NAME OF DECEASED: (Type or Print) (First) LILLIAN (Middle) (Last) RICHARDSON

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1955

5. SEX: F

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.

8. DATE OF BIRTH: Oct. 1887

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Princeton N. C

12. CITIZEN OF WHAT COUNTRY? Yes. USA

13. FATHER'S NAME: Charles Royal

14. MOTHER'S MAIDEN NAME: Lillie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hattie

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

446 X

Immediate cause (a) Uremia — Interval Between Onset And Death: 7 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Chronic nephritis & pyelitis — 1 yr

DUE TO

(c) arteriosclerotic vascular-renal disease — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Right-sided hemiplegia — 1½ yrs

19a. DATE OF OPERATION: 0 none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 19....., to —, 19....., that I last saw the deceased alive on —, 19....., and that death occurred at 10:45 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) H. F. Manczak M.D. — ADDRESS 901 Edgerly Rd. Glen Burnie, Md. — DATE SIGNED 7 July 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7/11/1955 — NAME OF CEMETERY OR CREMATORY Catalpa Memorial — LOCATION (City, town, or county) Catalpa (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7-11-55 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Mrs Katie R. Williams — ADDRESS 3224 Sherwood St

Note: this patient has been under the care of Dr. Jos. Baker of Glen Burnie & I was called to pronounce her dead when he was not available.

1

INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06234

6233

CERTIFICATE OF DEATH

Reg. Dist. No. 21-23

1. PLACE OF DEATH

COUNTY ANNE ARUNDEL MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X GARLAND PARK

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 400 BROADVIEW BLVD.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MARYLAND COUNTY ANNE ARUNDIEL

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GARLAND PARK X

STREET ADDRESS (If rural give location) 400 BROADVIEW BLVD

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) A. (Last) RINGES

4. DATE OF DEATH (Month) JULY (Day) 18 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
M	W	MARRIED	OCTOBER 22, 1892	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CARPENTER	WORKED OUT OF LOCAL	BALTIMORE, MARYLAND	U. S. A.

13. FATHER'S NAME WILLIAM RINGES

14. MOTHER'S MAIDEN NAME ELIZABETH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
NO	—		MRS AGNES L. RINGES, 400 BROADVIEW GARLAND PARK, MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X IMMEDIATE CAUSE (A) CARDIAC DECOMPENSATION — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 2, 1955, to 7/18, 1955, that I last saw the deceased alive on 7/16, 1955, and that death occurred at 6:00 P.M, from the causes and on the date stated above.

SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED
Bobby L. Jones M.D.	M.D. 5 Central Ave Glen Burnie Md	7/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	7/21/55	WESTERN CEMETERY	BALTIMORE, MARYLAND

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
7/19/55	Dr. Caldwell Woodruff Jr	Wm. Cook Inc, 124 St. Paul St

MARYLAND STATE DEPARTMENT OF HEALTH

6234

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

06235

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X P.O.Arnold — LENGTH OF STAY (In this place): Few hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: In the woods Broadwater Beach

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: P.O.Arnold X
STREET ADDRESS (If rural, give location): Broad water Beach

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Ann (Last) Royer

4. DATE OF DEATH: (Month) July (Day) 13th. (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	3/26/97	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retire Registered Nurse
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel A.Royer
14. MOTHER'S MAIDEN NAME: Anna Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 219-30-7666
17. INFORMANT: Mr. Erick Scholtz (brother in law)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cardio vadcular diseases — ?
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Lucretia A. Bankerd — (Degree or title): Deputy — ADDRESS: Medical Examiner, Glen Burnie, Md. — DATE SIGNED: 7/13/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July.16.55	Meadowbranch Cem	Westminister Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-15-55	[signature]	HENRY SANDER & SONS. INC.	Baltimore Md.

[signature]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

6235 06236

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Severna Park~~ RURAL. LENGTH OF STAY (in this place) VISITING 9.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN BALTIMORE. 3 Yo 1-4
STREET ADDRESS (If rural, give location) 2625 Hudson St. ✓

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)
JAMES HENRY SANDS.	7 10 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	M	4/20/1888	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
LABORER	CITY OF BALTO.	MARYLAND	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
THOMAS SANDS	MARY E — ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
	—	MRS. IDA R. SANDS, 2625 HUDSON STREET

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary disease	Sudden
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ DATE SIGNED 7-10 55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	7/14/55	ST. STANISLAUS	BALTIMORE MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
7-13-55	[signature] Deputy	M. F. SADOWSKI & SONS, 1008 EASTERN AVE

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6238

06237

CERTIFICATE OF DEATH

Reg. Dist. No.

Crownsville State Hospital

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Crownsville

LENGTH OF STAY (in this place) 2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY Balto

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 21 03-54-2

STREET ADDRESS (If rural give location) 1609 HopewellAve.

3. NAME OF DECEASED (Type or Print) (First) Lonnie (Middle) (Last) Saunders

4. DATE OF DEATH (Month) July (Day) 27 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Negro	single	unknown	10 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ———

10b. KIND OF BUSINESS OR INDUSTRY ———

11. BIRTHPLACE (State or foreign country) unknown

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. ———

17. INFORMANT & ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

237X IMMEDIATE CAUSE (A) Cerebral Hyperpyrexia (Temp. 110o) — Interval between onset and death: 8 hrs.

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Brain Tumor — 1 yr.(?)

DUE TO (C) Idiot

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION ———

19b. MAJOR FINDINGS OF OPERATION ———

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) ———

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) ———

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. ———

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? ———

22. I hereby certify that I attended the deceased from 7/25, 1955, to 7/27, 1955, that I last saw the deceased alive on 7/27, 1955, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

SIGNATURE Edgard Heard Kirkman, M.D. — ADDRESS (Street, city, town, state) Crownsville, Md. — DATE SIGNED 7/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-30-55	Mt. Calvary	Balto Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
7-29-55	[illegible]	Elroy O. Wilson	Balto Md

2

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06238

6237

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural - Glen Burnie

LENGTH OF STAY (in this place) 5yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS 611 Binsted Rd

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Glen Burnie X

STREET ADDRESS (If rural give location) 611 Binsted Rd

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) Grimes (Last) Schneider

4. DATE OF DEATH (Month) July (Day) 6 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widowed	Jan 13 1887	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Seamstress	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Grimes	Emma Eugenia Hacks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S ADDRESS
No	None	Wanda Lee Fowler 611 Binsted Rd Glen Burnie

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
260X IMMEDIATE CAUSE (A)	Pulmonary Congestion	3 Days
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)	Arteriosclerotic Heart Disease	10 yrs
DUE TO (C)	Diabetes Mellitus	15 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Obesity	15 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1 19 55, to 7/6, 19 55, that I last saw the deceased alive on 7/6, 19 55, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

SIGNATURE H. W. Richard M. D. ADDRESS (Street, city, town, state) 915 Cotten Rd Glen Burnie DATE SIGNED 7/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/9/55	Oak Lawn	Baltimore, Md.

24. REC'D BY REGISTRAR DATE July 8, 1955	REGISTRAR'S SIGNATURE L. J. D'Alba	25. FUNERAL DIRECTOR'S SIGNATURE James A. Kirkley ADDRESS Hopping and Kirkley, Glen Burnie, Md.

1

INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06239

6172

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH

COUNTY ANNE ARUNDEL — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 ANNAPOLIS

LENGTH OF STAY (in this place) 44 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 30 Bloomsbury Sq.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis,

STREET ADDRESS (If rural give location) 30 Bloomsbury Sq

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) (Last) SEARS

4. DATE OF DEATH (Month) (Day) (Year) JULY 24, 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	July 9, 1911	44 yrs.	0	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife	own Home	Annapolis, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Wilson	Mary Agnes Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
	None	same as Mr. Bernard E. Sears; Husband: # 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X IMMEDIATE CAUSE (A) Ileus

ANTECEDENT CAUSE(S) DUE TO (B) Metastatic Carcinoma of Colon

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH: (A) 2 wks; (B) 18 mos.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 19 55, to 24 July 19 55, that I last saw the deceased alive on 24 July, 1955, and that death occurred at 1:15 P.M. from the causes and on the date stated above.

SIGNATURE Edward A Beck M.D. ADDRESS (Street, city, town, state) 4 Smithgate Ave Annapolis DATE SIGNED 7/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 26 55	Cedar Bluff Cemetery	Annapolis, Maryland

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
7-25-55	[illegible]	HOPPING FUNERAL HOME ANNAPOLIS, MD.

1

INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6238

CERTIFICATE OF DEATH

06240

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Crownsville

LENGTH OF STAY (in this place): 5yrs.8mos.28das.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore 3Vol-4

STREET ADDRESS (If rural give location): Unknown ✓

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Slater

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	Negro	Married	Unknown	70? yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Unknown	Virginia	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jim Slater	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		Unknown	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senile Psychosis — Known to us since 11/28/49

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/5/55, 19..., to 7/25/, 19 55, that I last saw the deceased alive on 7/25, 19 55, and that death occurred at 4:30 PM, from the causes and on the date stated above.

SIGNATURE Everett W. Cadenhead Jr M.D. — **ADDRESS** (Street, city, town, state) Crownsville State Hosp. Crownsville Md. — **DATE SIGNED** 7-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
✓	7/28/55	University of Maryland School of Medicine	Baltimore Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
7-29-55	K. M. Joyce	Frances A. Beasley Biddle	[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06241

6239

CERTIFICATE OF DEATH

Reg. Dist. No. 25

1. PLACE OF DEATH:
COUNTY A.A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BROOKLYN
LENGTH OF STAY (in this place) 50
HOSPITAL OR INSTITUTION OR STREET ADDRESS 318 CRESSWELL ROAD 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BROOKLYN 50
STREET ADDRESS (If rural give location) 318 CRESSWELL ROAD 1

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) CHARLIE A. SMIDDY

4. DATE OF DEATH: (Month) (Day) (Year) 7/14/55 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M

8. DATE OF BIRTH: I/I9/87

9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOREMAN

10B. KIND OF BUSINESS OR INDUSTRY: BROWN DISTILLERS

11. BIRTHPLACE (State or foreign country): KENTUCKY

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WILLIAM

14. MOTHER'S MAIDEN NAME: LUCIENDA PARKS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: FAMILY - SAME

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X IMMEDIATE CAUSE (A) Cor Pulmonale — INTERVAL BETWEEN ONSET AND DEATH: 1 Year

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Pulmonary Tuberculosis — 1 Year

DUE TO (C) Pulmonary Fibrosis — 1 Year.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 55, to July 14, 55, that I last saw the deceased alive on July 13 1955, and that death occurred at 9A M, from the causes and on the date stated above.

SIGNATURE Paul Schofield M.D. ADDRESS 301 Annapolis DATE SIGNED 7/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) B

DATE THEREOF 7/18/55

NAME OF CEMETERY OR CREMATORY CEDAR HILL

LOCATION (City, town, or county) (State) BALTIMORE

DATE REC'D BY LOCAL REGISTRAR 7-15-55

REGISTRAR'S SIGNATURE A.W.Hodrich dmr.

24. FUNERAL DIRECTOR ADDRESS JAMES L. MCCULLY - 130 E. FORT AVENUE

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1

INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06242

6240 **CERTIFICATE OF DEATH**

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Crownsville

LENGTH OF STAY (in this place) 4 mos. 22 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City 3V01-4

STREET ADDRESS (If rural give location) 779 george Street

3. NAME OF DECEASED (Type or Print) (First) Mollie (Middle) (Last) Smith

4. DATE OF DEATH (Month) 7 (Day) 7 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Negro	Single	Unknown	73? yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	- -	Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alfred Smith	Georgianna Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Unk.	Unk.	Unk.	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

0 2 6 X

IMMEDIATE CAUSE (A) Central Nervous System Syphilis — INTERVAL BETWEEN ONSET AND DEATH: Known to us since 2/15/55

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Generalized Arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0 - - - - -	- - - - - - - - - - - - - - - - - - - -	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/15/55, 19..., to 7/7/..., 19 55, that I last saw the deceased alive on 7/7/..., 1955, and that death occurred at 7:30p.M. from the causes and on the date stated above.

SIGNATURE Hildegarde Heard Reissmann (Hildegarde Heard Reissmann) M.D. — ADDRESS (Street, city, town, state) Crownsville, Md. — DATE SIGNED 7/8/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/12/55	Mt. Auburn Cem	Baltimore Maryland

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
		Frances A. Hensley	578 W. Biddle St.

1

INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06243

CERTIFICATE OF DEATH

6173

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 Annapolis

LENGTH OF STAY (In this place) 74½ Yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 29 Monument Street

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 10

STREET ADDRESS (If rural give location) 29 Monument Street 1

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) HENRY (Last) STEPNEY

4. DATE OF DEATH (Month) JUly (Day) 5, (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Colored	Widowed	November 16, 1879	75 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer—Janitor	None	Virginia	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM HENRY STEPNEY SR.	HENRIETTA JOHNSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	5-8-1899* 9-10-1899	None	William Vaughn Stepney—36 Washington St Annapolis, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH?

443X IMMEDIATE CAUSE (A) Asteriosclerotic Hypertensive Cardiovascular Disease

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: (A) 6 Months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb ..., 19 55, to July 5, 19 55, that I last saw the deceased alive on July 4, 19 55, and that death occurred at 8:30 P.M., from the causes and on the date stated above. 7/7/55

SIGNATURE R. T. Richardson M.D. ADDRESS (Street, city, town, state) 11 On Clay St Annapolis Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 8, 1955	National Cemetery	West St. —Annapolis, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
July 8, 1955	J. C. Council	Ethel L. Hicks—45 Northwest St. —Annapolis Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06244

6241

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Crownsville

LENGTH OF STAY (in this place): 1yr.6mos.25days.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Baltimore

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Sparks 03X-2

STREET ADDRESS (If rural give location): None listed ✓

3. NAME OF DECEASED (Type or Print): (First) Hezekiah (Middle) (Last) Stewart

4. DATE OF DEATH: (Month) 7 (Day) 18 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	Negro	Married	~~Unknown~~ 17-13-1887	~~77~~ 67 yrs.	— / —	— / —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None listed Laborer, Farmer -

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Thomas Stewart

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): ~~Yes~~ Unk. (If Yes, give war or dates of service): ~~Unk.~~

16. SOCIAL SECURITY NO.: Unk. could

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44.3X IMMEDIATE CAUSE (A): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B): Arteriosclerotic Hypertensive Cardiovascular Dis. — Known to us since 12/23/53

DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Senile Psychosis — Known to us since 12/23/53

19a. DATE OF OPERATION: — — —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED White at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/5, 19 55, to 7/18, 19 55, that I last saw the deceased alive on 7/17, 19 55, and that death occurred at 8:15a. M, from the causes and on the date stated above.

SIGNATURE: H Edgard Heard Reiser M.D. — ADDRESS (Street, city, town, state): Crownsville, Md. — DATE SIGNED: 7/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	7/21/55	Stephenson A.M.E	Sparks Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
7-20-55	K M Lee	Brooks Funeral Service, Sparks, Md. L. Scott Brooks	

1

INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06245

6242

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North Beach Park

LENGTH OF STAY (in this place) 3 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE D. C., COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WASHINGTON 47x-3

STREET ADDRESS (If rural give location) 6353 - 31ST ST. N.W

3. NAME OF DECEASED (Type or Print) (First) MARGUERITE (Middle) KIRK (Last) SWARTZ

4. DATE OF DEATH (Month) JULY (Day) 2, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
F.	W	MARRIED	MAY 7, 1878	77 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	HOME	AKRON, OHIO	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JAMES KIRK.	CHARLOTTE ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
NO	NONE	JOHN C. SWARTZ NORTH BEACH PARK, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X IMMEDIATE CAUSE (A) Anemia — INTERVAL BETWEEN ONSET AND DEATH .??

ANTECEDENT CAUSE(S) DUE TO (B) Congestive Cardiac Failure — immediate

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Carcinoma of Rectum — 15 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. c Metastasis to spine

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2nd 19 Not seen 19 by that I last saw the deceased alive on ....., 19 ..... and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE F.D. Hendricks M.D. — ADDRESS (Street, city, town, state) Acting Medical Examiner A.A. County — DATE SIGNED July 2, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL-TRANSIT	JULY 2, 1955	GLENDALE CEM.	AKRON OHIO

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
July 2 1955	Elsie Nash Williams	Robert A. Pumphrey, Bethesda, Md

1

INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

6243

06246

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH

COUNTY A. A. Co. — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Harwood — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY A. A. Co.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Harwood

STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED (Type or Print) (First) Delia (Middle) Estella (Last) Thomas

4. DATE OF DEATH (Month) 7 (Day) 10th (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Colored	W	6-17-1888	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Philip Chambers

14. MOTHER'S MAIDEN NAME Lurenia Garrett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Unk.

(If Yes, give wer or defes of service)

16. SOCIAL SECURITY NO. — —

17. INFORMANT & ADDRESS Viola Sterrett, Harwood, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.1 IMMEDIATE CAUSE (A) Pelvic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH 8 yrs.

ANTECEDENT CAUSE(S) DUE TO (B) —

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 19 55, to July 10, 19 55, that I last saw the deceased alive on 7/10, 19 55, and that death occurred at 2:00 P.M. from the causes and on the date stated above.

SIGNATURE Theodore G. Johnson M.D. M.D. ADDRESS (Street, city, town, state) 37 Calvert St. Annapolis Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-13-55	Chew Chapel	Owensville Md

24. REC'D BY REGISTRAR DATE July 14, 1955

REGISTRAR'S SIGNATURE Edward Callinan

25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS William Reese II, 108 W. Wash. St Annapolis, Md

6244 06247

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 24

Item 14 filed: 7-20-55 ef

1. PLACE OF DEATH:

COUNTY Anne Arundel MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Severna Park

LENGTH OF STAY (in this place): 6 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Manhattan Beach

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Anne Arundel

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Severna Park X

STREET ADDRESS (If rural, give location) Manhattan Beach 1.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LESLIE	MORTIMER	THOMPSON	7	11	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White		2/29/98	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
		Rochester, New York	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Albert Tefft Thompson	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	World War I		Ted Thompson (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
581.0 Immediate cause	(a)	Massive gastro-intestinal hemorrhage	
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	rupture of esophageal varix	
DUE TO			
	(c)	cirrhosis of the liver	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
X		Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE William H. Garrett M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 7/11/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/15/55	Riverside Cemetery	Rochester, New York

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
July 13, 1955	L. J. D'Alba	Hopping and Kirkley, Glen Burnie, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53 ah

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06248

6245

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Crownsville

LENGTH OF STAY (in this place): 12 yrs. 2 mos. 18 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore City — 3 Vol-4

STREET ADDRESS (If rural give location): 918 Jordan Alley

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (Last) Tucker

4. DATE OF DEATH: (Month) 7 (Day) 5 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Negro	Sep.	2/28/02	53 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Unknown	Virginia	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ralph Young	Mary Tucker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Unk.	Unk.	Unk.	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

0022 IMMEDIATE CAUSE (A) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: Known to us since ~~4/28/55~~

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Schizophrenic Reaction, Paranoid Type. — Known to us since 4/13/33

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
— — — — —	— — — — — — — — — — — — — — — — —	

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	— — — — — —	— — — — — — — — — — — —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
— — — — — — — — — — M.		— — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 1/21, 1948, to 7/5, 1955, that I last saw the deceased alive on 7/5, 1955, and that death occurred at 8:00 A.M. from the causes and on the date stated above.

SIGNATURE L. Benedict (L. Benedict) M.D. — **ADDRESS** (Street, city, town, state) Crownsville, Md. — **DATE SIGNED** 7/5/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/6/55	School for Imbeciles Medical	Baltimore Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS
7-6-55	R. M. Joyce	578 W. Biddle St Female

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06250

6174

CERTIFICATE OF DEATH

Reg. Dist. No.....

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH

COUNTY A. A. — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 Annapolis — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 63 A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md COUNTY A. A.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 10 1

STREET ADDRESS (If rural give location) 51 Franklin

3. NAME OF DECEASED (Type or Print) (First) Helen (Middle) M. van (Last) Walt

4. DATE OF DEATH (Month) 7 (Day) 19 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	4-16-1892	63 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife	Home	England	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ernest Fowles	Thompson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		Dr Harry P. van Walt (2)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) Left Ventricular Failure — INTERVAL BETWEEN ONSET AND DEATH 6 hrs.

ANTECEDENT CAUSE(S) DUE TO (B) Arteriosclerotic Heart Disease — continuous

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 July, 19 55, to 19 July 19 55, that I last saw the deceased alive on 19 July, 19 55, and that death occurred at 6 A.P.M, from the causes and on the date stated above.

SIGNATURE Edward A Beck M.D. — ADDRESS (Street, city, town, state) 4 Lovett Ave Annapolis — DATE SIGNED 7/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-22-55	St Annes	Annapolis Md

24. REC'D BY REGISTRAR DATE 7/22/55	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
		John M. Taylor Sons	Annapolis Md

MARYLAND STATE DEPARTMENT OF HEALTH

6246

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

06251

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15A

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X P.O.Pasadena
LENGTH OF STAY (In this place): Few seconds
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Woods near Grammar School pf High Point.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia, COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington 47X-3
STREET ADDRESS (If rural, give location): 954 Southern Ave. S.E. √

3. NAME OF DECEASED (Type or Print): (First) Francis (Middle) Donald (Last) Viering

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3/4/24

9. AGE last birthday: 31 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lieutenant in the U.S.Air Forces.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Neptune City, N.J.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward O Viering

14. MOTHER'S MAIDEN NAME: Eugenia ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes. Presently in the U.S.Air Forces.

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: U.S.Air Forces Records.(Captain J.R.Finn.)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

860X

Immediate cause (a) Charred and mutilated beyond recognition. — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: In the air

(CITY OR TOWN) High Point, (COUNTY) P.O.Pasadena, (STATE) A.A. Maryland.

TIME OF INJURY (Month) (Day) (Year) (Hour): 7/19/55 12.30 P.m.

INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? Collision in the air.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Gustave A Pambrun MD (Degree or title): Deputy Medical Examiner. ADDRESS: Glen Burnie, Md. DATE SIGNED: 7/20/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 21 July 1955 NAME OF CEMETERY OR CREMATORY: LOCATION (City, town, or county) (State): Fort Lauderdale Florida

DATE REC'D BY LOCAL REG.: July 20, 1955 REGISTRAR'S SIGNATURE: L.J.D'Alba

24. FUNERAL DIRECTOR: Ronald Funeral Home ADDRESS: 816-H St NE. Washington D.C.

6175

06252

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 21

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY B. C. Co. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN 10 Annapolis
LENGTH OF STAY (in this place) 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 63 G. G. Lee Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 3401.4
STREET ADDRESS (If rural, give location) 1629 N. Milton ave

3. NAME OF DECEASED: (Type or Print) (First) Louis (Middle) (Last) VIKTOR

4. DATE OF DEATH (Month) 7 (Day) 22 (Year) 1955

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: June 2, 1890

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto. md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Viktor

14. MOTHER'S MAIDEN NAME: Mary Kapralek

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. I

16. SOCIAL SECURITY NO.: 212-20-9356

17. INFORMANT & ADDRESS: Lillian L. Viktor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardiac Disease DUE TO — INTERVAL BETWEEN ONSET AND DEATH: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 7/27/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 7-26-55 | NAME OF CEMETERY OR CREMATORY Holy Redeemer | LOCATION (City, town, or county) Balto Md (State)

DATE REC'D BY LOCAL REG. 7-25-55 | REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR ADDRESS H. Brock & Son 900 N. Eutaw St

VS. A15A - 5 - 53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06249

6247

CERTIFICATE OF DEATH

8 : film G184 8-3-55 L

Reg. Dist. No. 27

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort George G. Meade

LENGTH OF STAY (in this place): 3 1/2 Yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Michigan — COUNTY: Saginaw

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Saginaw

STREET ADDRESS (If rural give location): 59x-3

3. NAME OF DECEASED (Type or Print): (First) MARION (Middle) W (Last) WALKER

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	November 18, 1911	43 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	None	Michigan	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harold Rabe	Laura- maiden name unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	None	Husband Colonel George Walker, Qtrs 4511, Fort George G. Meade, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X IMMEDIATE CAUSE (A) CARCINOMA of BREAST with metastases — INTERVAL BETWEEN ONSET AND DEATH: 6 1/2 months

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) and bilateral pleural effusion — exact time unknown

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES X NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 July, 19 55, to 22 July, 19 55, that I last saw the deceased alive on 21 July, 19 55, and that death occurred at 6:00 A.M. from the causes and on the date stated above.

SIGNATURE: John F. McDonnell Jr. M.D. — JOHN F. McDONNELL, JR., MAJOR, MD

ADDRESS (Street, city, town, state): Fort George G. Meade, Md.

DATE SIGNED: 22 July 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-25-55	Arlington Cemetery	Arlington Virginia

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 22 July 1955	WILLIAM P. TAYLOR, 1ST LT MSC	TAYLOR'S FUNERAL HOME,	Annapolis, Md.

RECEIVED

JUL 25 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6178

CERTIFICATE OF DEATH

06253

Reg. Dist. No.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH

COUNTY A A — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 Annapolis — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 63 A.A. General Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md COUNTY A.A.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DAVIDSONVILLE, MD-X

STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) St. CLAIR (Last) WAYSON-JR.

4. DATE OF DEATH (Month) 7 (Day) 23 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
M	W	MARRIED	3/27/1907	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER	TOBACCO	MARYLAND	U.S.A.

13. FATHER'S NAME CHARLES ST. CLAIR WAYSON SR.

14. MOTHER'S MAIDEN NAME AGNES TRABAND

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS VIRGINIA WAYSON #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 4 hr.

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 55, to July 23, 19 55, that I last saw the deceased alive on July 1, 19 55, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

SIGNATURE J. Bowman M.D. — **ADDRESS** (Street, city, town, state) Annapolis MD — **DATE SIGNED** 7/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	7/25/55	Hillsboro	Davidsonville Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
7-26-55	[signature]	John M. Tyler & Sons	Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06254

6249 CERTIFICATE OF DEATH

Reg. Dist. No. 25

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY A.A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn
LENGTH OF STAY (in this place) 50
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 5202 6th Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn 50
STREET ADDRESS (If rural give location) 5202 6th Street 1

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) ROBERT H. WESTGATE

4. DATE OF DEATH: (Month) (Day) (Year) 7/12/55 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M

8. DATE OF BIRTH: 3/20/90

9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10B. KIND OF BUSINESS OR INDUSTRY: Slagles Serv. St.

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James

14. MOTHER'S MAIDEN NAME: Helen Pickering

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 196 03 0170

17. INFORMANT & ADDRESS: Family - Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary infarction. DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) coronary sclerosis DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: Jan 53-7/55

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5 55, 19..., to Jan 7th, 19 55, that I last saw the deceased alive on 1/7/55, 19..., and that death occurred at 11:30 a M, from the causes and on the date stated above.

SIGNATURE H. Summers M. D. ADDRESS 1101 Hollins Market DATE SIGNED 7/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) B

DATE THEREOF 7/16/55

NAME OF CEMETERY OR CREMATORY Glen Haven

LOCATION (City, town, or county) Baltimore (State)

DATE REC'D BY LOCAL REGISTRAR 7-15-55

REGISTRAR'S SIGNATURE A.W.Hedrich

24. FUNERAL DIRECTOR ADDRESS James L. McCully - 130 E. Fort Ave.

dmr.

Dr. Summers.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06255 WC

6249

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Crownsville

LENGTH OF STAY (in this place): 2 yrs. 29days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore City — 3 Vol. 4

STREET ADDRESS (If rural give location): 921 Stricker Street ✓

3. NAME OF DECEASED (Type or Print): (First) Maude (Middle) (Last) Wilson

4. DATE OF DEATH: (Month) 7 (Day) 19 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	Negro	Widow	Unknown	54 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	- - -	Maryland	U. S.

13. FATHER'S NAME: Thomas Brown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Unk.	Unk.	Unk.	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X IMMEDIATE CAUSE (A) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertensive cardiovascular disease — 2 yrs

DUE TO (C) —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. i) arteriosclerosis with psychosis — 2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
- - - -	- - - - - - - - - - - - - - - - - -	YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	- - - - - - - - - - - -	- - - - - - - - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
- - - - -		- - - - - - - - - - - -

22. I hereby certify that I attended the deceased from 1/5, 19 55, to 7/19, 19 55, that I last saw the deceased alive on 7/18, 19 55, and that death occurred at 4:30a M, from the causes and on the date stated above.

SIGNATURE: Hildegard Heard Reiner M.D. — ADDRESS (Street, city, town, state): Crownsville, Md. — DATE SIGNED: 7/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	7/25/55	Mt. Calvary Cem.	A. A. County, Md.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 7-22-55	Katherine M Joyce	Robt. A. Elliott	[redacted]

Housing and Home Finance Agency

RECEIVED

JUL 22 1955

BUREAU V. S.